

FILED MAY 14 1942
Registration District No. 399

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at 523 Grand!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community unknown
years, months or days

3. (a) PRINT FULL NAME W^M Corwin Smith

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Ellen Smith

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased not 29 1885
(Month) (Day) (Year)

8. AGE: Years app 56 Months 7 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Wyoming
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Walker

(b) Address 11344 High Ridge Drive

17. (a) Burial (b) Date thereof 5-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director Sabbato's

(b) Address 901 E 5th

19. (a) 5-9-42 (b) Mr. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K.C. 41
(If outside city or town limits, write "RURAL")

(d) Street No. 523 Grand 3
(If rural, give location) rd

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3 1942
year _____ hour _____ minute 6 A M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw the deceased _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Alveolar Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature Russell W. Jones (M. D. or other) _____
Address EC 101 Date signed _____

MAY 18 1930

Mrs. Robert Roott
328 W. 13th St. Roott
Hutchinson, Kans.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Roy E. Snow
Licensed Embalmer No. 2560
P. O. Address K.E. M.S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.