

Filed AUG 1 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2821

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2523 Elma
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years
In this community 50 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3003 Independence Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1942 hour 5 minute 40 A. M.
21. I hereby certify that I attended the deceased from 8/38
1942 to July 22 1942
that I last saw her alive on July 22
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis + hypertension
Due to: Myocarditis + hypertension
Due to: Smoking
Other conditions: Smoking
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Miss Susan Wilmouth Small
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife: -----
6. (c) Age of husband or wife if alive: ----- years

7. Birth date of deceased: April 16 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 7
If less than one day hr. min.

9. Birthplace: Green County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Dressmaker

11. Industry or business: For Self

12. Name: Francis Marion Small

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

14. Maiden name: Martha E. Lewis

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

16. (a) Informant: Mrs W M Griffith
(b) Address: 6212 Morningstar Rd

17. (a) Burial (b) Date thereof: July 26, 1942
(Burial, cremation, or removal) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery Butler, Missouri

18. (a) Signature of funeral director: D. N. Newcomer, Sr.
(b) Address: 1401 Brush Creek Blvd.

19. (a) 7-25-42 (b) M H Crowe
(Date received local registrar) (Registrar's signature)

Major findings: none
Of operations: none
Of autopsy: none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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)
(c) Means of injury: no
23. Signature: E. Mathews (M. D. or other)
Address: 1007 1/2 W. 24th St. Kansas City Date signed: 8/23/42

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

458
803

1003
11:30-1, 445-
burg

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address D. C. Mo.

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.