S. No. 2
I—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23608

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2687

48 3 8

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: 812 West 62nd Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community 50 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 812 West 62nd Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Kittie M. Smith,
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife A. G. Smith
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased March (Month) 9 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
81	4	2	hr. min.

9. Birthplace Kansas, (City, town, or county) / (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name Israel Markley,
13. Birthplace England, 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Link,
15. Birthplace England, 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Sellers,
(b) Address Minneapolis, Kansas,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Pantheon,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 7-14-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th year 1942 hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from July 6, 19 42 to July 11 19 42 that I last saw h ev alive on July 11 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Obstruction	3 days
Due to Carcinoma of Sigmoid Colon	3 months
Due to	
Other conditions (Include pregnancy within 3 months of death) None 46E	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Kenneth G. Davis (M. D. or other) M.D.
Address 3301 Woodland Date signed 7-14-42
Kansas City, Mo

561 (Licensed Embalmer's Statement on Reverse Side)

Dr. Kenneth A. Davis
Lin 0906
3301 Woodland

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 Felix Renz

Licensed Embalmer No. H127

P. O. Address K. 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.