

FILED AUG 26 1942
Registration District No. 150

Primary Registration District No. 4239

State File No. _____
Registrar's No. 91

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lees Summit
(c) Name of hospital or institution 107 So Market Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Blanche Smith

3. (b) If veteran, name war ✓ 3. (c) Social Security No. no

4. Sex 7 1 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marshall D. Smith 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased May 29 - 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Oak Grove Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business own home

12. Name Sam Webb

13. Birthplace Oak Grove Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Morris

15. Birthplace Oak Grove Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall D. Smith
(b) Address Lees Summit Mo

17. (a) Burial (b) Date thereof 8-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo
18. (a) Signature of funeral director W. B. Langford
(b) Address Lees Summit Mo

19. (a) Aug 19 1942 (b) F. H. O'Leary
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Lees Summit
(d) Street No. 107 So Market
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1942 hour 3 minute 30 9, M.

21. I hereby certify that I attended the deceased from May 12 1942 to August 18 1942
that I last saw per alive on Aug 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-Renal Disease
Duration 3 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/10

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury no

23. Signature Cliff R. Miller (M. D. or other) no
Address Lees Summit Mo Date signed 8/19/42

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

48
0

48
0

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 W. B. Langsford
Licensed Embalmer No. 3833
P. O. Address Leis Summit

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.