

FILED SEP 24 1942

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte

(c) City or town Rural - Pastville  
(If outside city or town limits, write "RURAL")

(d) Street No. 6 mi N.W. Pastville  
(If rural, give location)

(e) If foreign born, how long in U. S. A. — years.

3. (a) PRINT FULL NAME ERNEST PEARL SMITH

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 199-16-1325

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11  
year 42 hour 2:55 P.M. M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Lena R. Smith

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Aug. 24 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from — 1942 ;  
that I last saw him alive on — 1942 ;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>0</u>	<u>17</u>	hr. <u>—</u> min. <u>—</u>

Impetiate cause of death Pharyngitis of dorsal spine (dorsal).

Due to Created by dr. Curran.

Other conditions 186 B

9. Birthplace Martin City Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business White Bros. Farm

12. Name Golden Smith

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

14. Maiden name Annie Bart

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

16. (a) Informant Mr. Lena R. Smith

(b) Address R. F. D. Pastville, Mo.

17. (a) Burial (b) Date thereof Sept 13, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beltary, Mo.

18. (a) Signature of funeral director E. T. S. Cooper & Sons

(b) Address Grandview Mo

19. (a) 9/13/42 (b) M. N. Brown  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations —

Of autopsy Section 1

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) Accident 083

(b) Date of occurrence 9/11/42

(c) Where did injury occur? Pastville Mo.  
(City or town) (County) (State)

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

While at work (Specify type of place) (e) Means of injury —

23. Signature Off E. T. S. Cooper (b) 3/12/42  
Address — Date signed

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

SEP 25 1942

AUG 16 1946

OCT 7 1942

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..... *A. K. George*  
Licensed Embalmer No. *3645*  
P. O. Address *Seaside, Me*

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.