

FILED OCT 5 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3530

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Neurological Hospital  
(If outside city or town limits, write "RURAL" and name of township) 2625 Pares  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Abt 2 days  
(Specify whether years, months or days) 20 years

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") 2002 Jefferson  
(d) Street No. 8  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Carl Usley Smith

3. (b) If veteran, name war No 3. (c) Social Security No. 495-01-2463

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nola Smith 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased May 21 1904  
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation Chef

11. Industry or business Bowlds Restaurant

MOTHER FATHER { 12. Name Jay Smith  
13. Birthplace Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie Bailey Kansas  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nola Smith  
(b) Address 2002 Jefferson

17. (a) Burial (b) Date thereof 9-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director W. Wagner  
(b) Address Kansas City, Mo.

19. (a) 9/25/42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd  
year 1942 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept 21, 1942, to Sept 22, 1942  
that I last saw him alive on Sept 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Hemorrhage following an Convulsion Acute

Due to.....  
Due to..... 830'  
Other conditions (Include pregnancy within 3 months of death)

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 8  
23. Signature Blotzel Robinson (M. D. or other)  
Address 2625 Pares Date signed 9-25-42

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

2625-  
Plains

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**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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Miss.

**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.**