

3. No. 2
4-5-42
5-17-39
F X32873

39961

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4509

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:
General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 17 yrs.

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 5620 Park Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Doretta Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. 510-05-5094

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3 year 1942 hour 8 minute 44 M.

21. I hereby certify that I attended the deceased from June 8 to Dec 3 1942

that I last saw h. SK alive on Dec 2 1942 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife Clarence E. Smith

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

7. Birth date of deceased Aug. 19, 1903
(Month) (Day) (Year)

Immediate cause of death: Myocardial infarction with decompensation

Due to 92 B

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>3</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business none

12. Name Andrew Bodensteiner

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

14. Maiden name Elizabeth

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

16. (a) Informant Clarence E. Smith

(b) Address 5620 Park Ave, K.C. Mo.

17. (a) Burial (b) Date thereof 12-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Fairweather-Werner

(b) Address 18th & Washington Bldg. K.C. K.

19. (a) 12-4-42 (b) m m Grome
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations: _____

Of autopsy: _____

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)

Means of injury _____

Signature Allen G. Grooms (M. D. or other)

Address 420 Prof Bldg Date signed 12-4-42

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

MOTHER FATHER

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 Chuck Werner
Licensed Embalmer No. 2598
P. O. Address Kansas City, Kansas

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.