V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1328

Primary Registration District No. 1002

Registrar's No. 489

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 9 days (Specify whether years, months or days)
In this community 73 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")
(d) Street No.: 2008 Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: Mrs. Marie Augusta Smallfield

3. (b) If veteran, name war: XX

3. (c) Social Security No.: None

4. Sex: Fe

5. Color or race: Wh

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

6. (b) Name of husband or wife: Henry A. Smallfield

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: December (Month) 19 (Day) 1868 (Year)

8. AGE: Years 74 Months 1 Days 10 If less than one day hr. min.

9. Birthplace: Berlin (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Julius C. Modrow
13. Birthplace: (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name: No Record
15. Birthplace: (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Mrs. Arthur B. Hurst
(b) Address: 2215 East 68th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill

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

19. (a) 1/31/43 (Date received by local registrar) (b) M. N. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th year 1943 hour 6: minute 47 P. M.

21. I hereby certify that I attended the deceased from MAR. 21 '39, 19..., to JAN. 29, 1943, that I last saw her alive on JAN. 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: FRACTURE R. FEMUR — Duration: DEC. 20 '42

Due to: 18607 / 18

Due to:

Other conditions (Includes pregnancy within 3 months of death): HYPERTENSION WITH APOPLEXY — YRS

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): Acc. FRACT. R. FEMUR
(b) Date of occurrence: DEC. 20 '42 1943
(c) Where did injury occur? HOME (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME. (Specify type of place)
While at work? — (e) Means of injury: Fall

23. Signature: A. C. Lentzner (M. D. or other) M.D.
Address: Grand Burnet Kansas City Date signed 2-3-43

(Licensed Embalmer's Statement on Reverse Side)

6944 Prospect
Dr 4793

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. R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.