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 JAN 30 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1329

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 230

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 No. 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-9-43-1-10-43 (Specify whether
In this community 25 years
years, months or days)

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. 1522 Virginia
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ARETHA SMITH
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race 3 Negro
6. (a) Single, widowed, married, divorced 1 Married
6. (b) Name of husband or wife Herman Smith
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased June (Month) 6 (Day) 1904 (Year)

8. AGE: Years 38 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Altimer (City, town, or county) Arkansas (State or foreign country) 1
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name Will Walton
13. Birthplace Fort Smith (City, town, or county) Arkansas (State or foreign country) 1
MOTHER
14. Maiden name Julia Ann Withers
15. Birthplace (City, town, or county) Arkansas (State or foreign country) 1
16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.
18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Ave.
19. (a) 1-15-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1943 hour 10:30 minute a. M.
21. I hereby certify that I attended the deceased from January 9, 1943, to January 10, 1943, that I last saw her alive on January 10, 1943, and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage — Duration
Due to Chronic Glomerulonephritis on hypertensive basis
Due to 131 B
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Same as above

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. ~~or other~~)
Address Gen. Hosp. #2-600 E 22 Date signed 1-13-43

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac J. Maxlow

Licensed Embalmer No. 3994

P. O. Address 2573 Highland

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.