No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5505

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 882

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: 1736 Campbell /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 years
years, months or days)

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. 1736 Campbell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Winnie Smith

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Wm. B. Smith

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

7. Birth date of deceased ..... (Month) ..... (Day) 1864 (Year)

8. AGE: Years 78 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Ruth Fishback
(b) Address 1818 Charlotte

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins & Bros.
(b) Address 1729 Lydia

19. (a) 2-20-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th year 1943 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 17th, 1941, to Feb 12, 1943 that I last saw her alive on Feb 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to 13 N

Due to

Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)
Hypertension

Major findings:
Of operations none

Of autopsy none

Duration

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 L. B. Guggenberger (M. D. ~~or other~~)

Address 2202 E 18th Date signed 2/15/43

(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. J. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address. 2503 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.