S. No. 2
0M—2-43
5-17-39
I X35887

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24080

FILED JUL 19 1943

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 2982

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

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: 4441 Euclid Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community 80 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. 4441 Euclid Avenue
(If rural, give location)

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

If yes, name country -- 0

3. (a) PRINT FULL NAME Mrs. ANNA MARIE SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female

5. Color or race white 1

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

6. (b) Name of husband or wife Mr. Jacob Smith 1111

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

7. Birth date of deceased May (Month) 5 (Day) 1861 (Year)

8. AGE: Years 82 Months 1 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name Herman B. Schwatkin
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Francis L. Kleincheck
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant R. R. McIntosh
(b) Address 4441 Euclid.

17. (a) ~~Burial~~ Removal (Burial, ~~cremation, or removal~~) (b) Date thereof July 6, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation 1111 Memorial Park, K.C. Kansas

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 7-5-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1943 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 1 — 1943 to July 4 1943 that I last saw alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplectic stroke

Due to

Due to Big blood pressure

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 J. Henry George (M. D. or other)

Address Date signed 7-5-43

(Licensed Embalmer's Statement on Reverse Side)

2678 Cleveland
Monday Feb 9-12
Mrs Smith

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.