

7. S. No. 2
00M-2-43
5-17-39
X3559

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24082

State File No.

3020

Registrar's No.

Primary Registration District No.

1002

FILED JUL 19 1943 49
Registration District No.

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 1/2 days
In this community 59 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella Smith

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Joe Smith 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased August 19 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 18 1/2 hr. min.

9. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

12. Name William Newborn

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

14. Maiden name Margaret West

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

16. (a) Informant Mrs. Margaret Scherker

(b) Address 2745 Gilham Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1943
(Month) (Day) (Year)

(c) Place: burial of cremation Green Lawn Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-8-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

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. 2745 Gilham Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1943 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 25, 1943, July 6, 1943
that I last saw her alive on July 6, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic cardiovascular disease

Due to 93d
Due to ---
Other conditions (include pregnancy within 3 months of death) ---
Major findings: Of operations ---
Of autopsy see above

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? ---

While at work? (Specify type of place) (e) Means of injury ---

23. Signature Amey R. Thorn (M. D. or other) 1/11
Address Med. Dir. K.C. General Hosp. Date signed 7/6/1943

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 H.C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address H. C. 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.