

REG. DISTRICT NO. 1002

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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: K.C. TB Hosp. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 yrs 5m 8d.  
(Specify whether years, months or days) 29 yrs.

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. 1003 East 14th St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME

Mary Smith (Vann)

(b) If veteran, name war WW

(c) Social Security No. 2998 325

4. Sex F

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Arthur Johnson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 4 1896  
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 1  
If less than one day .hr. .min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Anthony Smith

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

14. Maiden name Matilda Shelby

15. Birthplace Kahl Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Records of K.C. TB Hosp.  
(b) Address Keosauqua Mo.

17. (a) burial (b) Date thereof 7/15/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Lincoln Cemetery

18. (a) Signature of funeral director W. E. Brown  
(b) Address 1729 Lydia

19. (a) 7-14-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1943 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1-27-41  
to 7-5 1943  
that I last saw her alive on 7-5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Atelectasis  
left lung - during Rt. Thorotomy

Due to Pulmonary Tuberculosis 2y. 7m

Due to \_\_\_\_\_

Other conditions 13/1  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy same as above

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 Matthew J. Noon (M. D. or other)  
Address K.C. TB Hosp. Date signed 7/18/43

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

MOTHER FATHER

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**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. 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.**