

**FILED JUL 19 1943**

149

Registration District No. ....

Primary Registration District No. **1002**

Registrar's No. ....

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: Stinity Lutheran Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether)

In this community 3 days years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State mo (b) County Jackson

(c) City or town K.C. mo (If outside city or town limits, write "RURAL.")

(d) Street No. 1415 - E 76 Terrace (If rural, give location)

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

If yes, name country 0

**3. (a) PRINT FULL NAME** Susan Ann Smith

3. (b) If  Veteran, name war no.

3. (c) Social Security No. no.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 2 year 1943 hour one minute thirty A.M.

21. I hereby certify that I attended the deceased from June 28, 1943, to July 2, 1943, that I last saw her alive on July 2, 1943, and that death occurred on the date and hour stated above.

4. Sex fe

5. Color or race w

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

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive years 28, 1943.

7. Birth date of deceased. June 28, 1943 (Month) (Day) (Year)

Immediate cause of death Congenital malformation of the Cardiovascular system

Duration 3 days

**8. AGE:** Years Months Days If less than one day

3 hr. min.

9. Birthplace Kansas City mo. (City, town, or county) (State or foreign country)

10. Usual occupation none

**MOTHER FATHER**

11. Industry or business

12. Name Lloyd T Smith

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

14. Maiden name Nazel m McCabe

15. Birthplace Malone n.y. (City, town, or county) (State or foreign country)

Due to 15 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

16. (a) Informant Lloyd T Smith

(b) Address 1415 - E 76th Terrace

17. (a) Burial (burial, cremation, or removal) (b) Date thereof July 3 - 43 (Month) (Day) (Year)

(c) Place: burial or cremation Lloyd Hills

18. (a) Signature of funeral director Horton Hat

(b) Address 7406 W 92nd

19. (a) 7-6-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

Major findings: Of operations

Of autopsy

**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 R. C. Pagan (M. D. or other)

Address 404 1/2 W 53rd Date signed 7.2.43

**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.....

*Harlyn Rose*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Harlyn Rose*

Licensed Embalmer No. *2810*

P. O. Address *N. E. 2nd*

**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.**