

**FILED OCT 13 1943**  
 Registration District No. **149**

Primary Registration District No. **1602**

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:  
Mary's Rest Home - 3215 Campbell Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Weeks  
(Specify whether years, months or days)  
 In this community 40 Years

**3. (a) PRINT FULL NAME** Mrs. Ida Dell Smith  
**3. (b) If veteran,** name war No  
**3. (c) Social Security No.** 486-07-8796

**4. Sex** Female  
**5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Divorced  
**6. (b) Name of husband or wife** John D. Smith  
**6. (c) Age of husband or wife if alive** 31 years  
**7. Birth date of deceased** January 31 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>22</u>	hr. _____ min.

**9. Birthplace** Iowa  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Housework

**11. Industry or business** --  
**12. Name** Samuel Barrett  
**13. Birthplace** Ohio  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Catherine Miller  
**15. Birthplace** Pennsylvania  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Ina Dobson  
**(b) Address** 2024 East 48th Street Terrace  
**17. (a) Burial** Floral Hills Cemetery  
(Burial, cremation, or removal) **(b) Date thereof** Sept. 27, 1943  
(Month) (Day) (Year)  
**(c) Place: burial or cremation**  
**18. (a) Signature of funeral director** W. H. Newcomer, Sons  
**(b) Address** 1401 Brush Creek Blvd.  
**19. (a) 9-28-43** **(b) I. E. Brown, Dep**  
(Date received local registrar) (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. 2024 East 48th Terrace  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country --

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month September day 24th  
 year 1943 hour 5 minute A. M.

**21. I hereby certify that I attended the deceased from** Sept 4 1943 to Death date  
 that I last saw her alive on Sept 23rd 1943  
 and that death occurred on the date and hour stated above  
 Immediate cause of death myocarditis (Chronic)  
(Duration)

Due to arterial sclerosis  
 Due to Angiosclerosis - General

Other conditions --  
(Include pregnancy within 3 months of death)  
**PHYSICIAN**  
 Major findings: --  
Of operations  
 Of autopsy --  
 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** Mary J. Lower (M. D. or other)  
 Address 4116 Walnut City Date signed 9-24-43

4116 Walnut Street

**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 E. M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Texas

**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.**