

FILED DEC 3 1943 149

Registration District No.

Primary Registration District No.

1002

Registrar's No.

4897

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:
1202 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 Years (Specify whether years, months or days)

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. 1202 Tracy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANNIE SMITH

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

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Henry Smith 6. (c) Age of husband or wife if alive 1866 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name George Lamb
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Janita Williams

(b) Address 1202 Tracy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Matthew Bras

(b) Address 1729 Lydia

19. (a) 11-19-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 15 day Monday
year 1943 hour 10:55 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 13 - 1943 to Nov 15, 1943

that I last saw her alive on Nov 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation
Insufficiency

Due to Asphyxiation
Due to Insufficiency
Other conditions (Include pregnancy within 3 months of death) 0

Major findings: Of operations 0
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (a) Means of injury 0

23. Signature L. W. Booker (M. D. or other) 0
Address 2028 21st St Date signed 11/19/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

L. W. Booker

10/1

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. Jerome Maxlove*.....
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.