

LED DEC 3 1943

Registration District No. 149

Primary Registration District No. 1002

37505

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: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 70 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. 3512 Thompson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Murray Smith

3. (b) If veteran, name war no 3. (c) Social Security No. 490-16-4281

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

6. (b) Name of husband or wife Eva 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. 4, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 8 hr. _____ min.

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

10. Usual occupation School Patrolman

11. Industry or business K. C. Police Department

MOTHER FATHER { 12. Name Phillip Smith
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Hester Selder
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Smith

(b) Address 3512 Thompson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery, Indep. MO.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 11-15-43 (b) M. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th
year 1943 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 8th, 1943 to November 12th, 1943
that I last saw him alive on November 12th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right lung Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy see 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 Murray R. Thorpe (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 11-15-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. D. Blackman*.....
Licensed Embalmer No..... *3639*.....
P. O. Address..... *K. 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.