

FILED FEB 3 1944
Registration District No. 1944-9

State File No. _____
Registrar's No. 122

Primary Registration District No. 1002

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:
3215 Campbell /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 50 years, (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 18
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 3215 Campbell
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME Mrs. Flora L. Smith

3. (b) If veteran, name war no. 3. (c) Social Security No. 299-14-2505

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased: March 7 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 0 hr. min.

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

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER { 12. Name Benjamin F. Orr

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

14. Maiden name Elizabeth A. Vodeney

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

16. (a) Informant Mrs. Milan O. Smith,

(b) Address 808 W. 28th St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, E. C., Mo.

19. (a) Jan 10, 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1944 hour 6:57 minute 00 a. M.

21. I hereby certify that I attended the deceased from 1943
28 19 43 to Jan 7th 19 44
that I last saw him alive on Jan 3rd and
and that death occurred on the 7th and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 days
Due to Hypertension 3 years

Due to 4301
Other conditions _____
(Include pregnancy within 3 months of death)

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)
Means of injury _____
23. Signature Dr. Joseph H. Brown (M. D. or other) 0 13. 10
Address 1201 West 13th St. Date signed 1-8-44

Dr. Joseph Gettleson

Private Body

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

John L. Hurley

Licensed Embalmer No. *4050*

P. O. Address *Kansas City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.