

FILED MAY 25 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2193

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-28-44-5-12-44  
(Specify whether years, months or days) 10 years

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. 1328 E. 16th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE SMITH

3. (b) If veteran, name war no  
3. (c) Social Security No. Unkown

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widower  
6. (c) Age of husband or wife if alive 25 1888  
7. Birth date of deceased May 25 1888  
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 17  
If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER {  
12. Name George ?  
13. Birthplace ? ? ?  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie ?  
15. Birthplace ? ? ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 5-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director W. J. Brown - Williams

(b) Address 1273 West T.C. St.

19. (a) 5-20-44 (b) N.E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1944 hour 7:10 minute P. M.  
21. I hereby certify that I attended the deceased from January 28, 19 44, to May 12, 19 44.

that I last saw him alive on May 12, 19 44, and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 30k

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 W. J. Brown (M. D. or other)

Address Gen. Hosp. #2 600 E. 28th Date signed 5-16-44

JUN 30 1944

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**