

U.S. No. 2
OM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26993
3478

State File No. _____
Registrar's No. _____

Registration District No. 199 Primary Registration District No. 1002

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:
7412 FLORA AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 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. 2436 MONROE AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. CORA ENZA SMITH
(b) If veteran, name war NO
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG day 24TH
year 1944 hour 10 minute P M.
21. I hereby certify that I attended the deceased from 3/24/43
to 8/24/44, 19____, to Aug 17, 1944
that I last saw her alive on Aug 17, 1944
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. BERTAIN O. SMITH
6. (c) Age of husband or wife if alive 68 years

Immediate cause of death
Myocardial infarction
Due to Secondary Anemia
Due to Epithelioma of the feet and neck 17 yrs.
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 66 Months 0 Days 17
If less than one day _____ hr. _____ min.

PHYSICIAN
Major findings: 13
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace NEBRASKA CITY, NEBRASKA
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE

MOTHER FATHER
11. Industry or business _____
12. Name GEORGE FULLER
13. Birthplace ENGLAND
14. Maiden name CHARIE RIVER
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Bertain O. Smith
(b) Address 2436 Monroe
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30-44
(c) Place: burial or cremation Aloral Hills

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?

18. (a) Signature of funeral director D. H. Newcomer, Sene
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 8-25-44 (Date received local Registrar) (b) D. E. Brown (Registrar's signature)

While at work _____ (Specify type of place) (Manner of injury)
23. Signature John W. Walker, M.D. (M. D. or other)
Address 500 Ogden Bldg. Date signed 8/25/44

361 (Licensed Embalmer's Statement on Reverse Side)

830 W. Myrtle Blvd
1:30.4.30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K Q M

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.