

S. No. 2  
 M-8-43  
 v. 5-17-39  
 I X37823

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **30315**  
**3932**  
 Registrar's No.

FILED OCT 9 1944

Registration District No. **177**

Primary Registration District No. **1002**

Registrar's No.

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:  
324 S. Quincy  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 26 years  
 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. 324 S. Quincy  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARTHA MAY SMITH  
 (b) If veteran, name war No  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 28  
 year 1944 hour 6 minute \_\_\_\_\_ P. M.

4. Sex Fe. 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife George E.  
 (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased: March 30, 1881  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-1-44  
 \_\_\_\_\_, 19\_\_\_\_, to 9-6-44, 19\_\_\_\_;  
 that I last saw him alive on 9-6-44, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 5 Days 28  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Several  
fractures  
 Due to Hypertension

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

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) g3a

10. Usual occupation Homemaker  
 11. Industry or business None

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 12. Name Thomas Culbertson  
 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)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Agnos Smith  
 (b) Address 324 S. Quincy  
 17. (a) Removal (b) Date thereof Oct. 1, 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hale, Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
 (b) Address Kansas City, Mo.  
 19. (a) 9-30-44 (b) H. E. Brown  
 (Date received local registrar) (Registrar's signature)

(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?  
 \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature D. P. Redding (M. D. or other) D.A.  
 Address 5111 Independence Ave. Date signed 9-29-44

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Dr. Rudolph  
5111 Bridge

**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 H. Blackman

Licensed Embalmer No. 3639

P. O. Address H. 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.**