V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33057

FILED OCT 24 1944

Registration District No. 749 Primary Registration District No. 1602 Registrar's No. 4097

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~~: TRINITY LUTHERAN HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 6 DAYS (Specify whether In this community 16 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. 5930 LAWN AVENUE (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. ETHEL IRENE SMITH CASEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. BEN T. CASEY

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased SEPTEMBER 25 1904 (Month) (Day) (Year)

8. AGE: Years 40 Months 0 Days 14 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN L. SMITH
13. Birthplace COFFEYVILLE (City, town, or county) KANSAS (State or foreign country)

MOTHER
14. Maiden name MYRTLE C. BRUCE
15. Birthplace BAXTON (City, town, or county) WEST VIRGINIA (State or foreign country)

16. (a) Informant MR. BEN T. CASEY

(b) Address 5930 LAWN AVENUE

17. (c) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-14-1944 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-12-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 9TH year 1944 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct 3, 1944, to Oct 9, 1944, that I last saw her alive on Oct 9, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Nephritis Following Hysterectomy. Carcinoma — (Primary site in body of uterus) — Duration 6da

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 48b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. W. Fair M.D. (M. D. or other)

Address 404½ W 75 KC Mo Date signed 10/9/44

(Licensed Embalmer's Statement on Reverse Side)

40472 Neal 75th Street

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 C Newcomer Jr

Licensed Embalmer No. 4043

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.