

FILED DEC 4 1944
1944

Registrar's No. 4649

Registration District No.

Primary Registration District No. 1002

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

2
3
8

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 7 days (Specify whether) 0
In this community 1 day
years, months or days)

3. (a) PRINT FULL NAME Dana Lee Smith

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: November 14, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

-- -- 1 hr. min.

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

10. Usual occupation Child

11. Industry or business

MOTHER FATHER

12. Name Robert E. Smith Jr.

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

14. Maiden name Elythe Adile Glass

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

16. (a) Informant Robert E. Smith, Jr.

(b) Address 4322 Eaton

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

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director State Funeral Home

(b) Address 1901 Olathe Blvd. Kansas City, Kans.

19. (a) 11-18-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 997

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL") 0

(d) Street No. 4322 Eaton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1944 hour 11:50 minute P. M.

21. I hereby certify that I attended the deceased from 11-14, 1944 to 11-15, 1944;
that I last saw him alive on 11-15, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
congenital atelectasis

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159

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) (e) Means of injury

23. Signature Robert C. Freeman (M. D. or other)

Address 315 Alameda Road, KC, Mo Date signed 11/17/44

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.....

W. L. Ward

Licensed Embalmer No.....

3991

P. O. Address.....

309 E. 67

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.)

J. F. Moore

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