

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED APR 23 1945

Registration District No. 149

Primary Registration District No. 1002

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: K. C. General Hospital No. 1 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days
(Specify whether years, months or days)

In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 75

(d) Street No. 548 Main
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Smith

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male D 5. Color or, White D

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased March 18 1885
(Month) (Day) (Year)

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

57 0 18 hr. min.

9. Birthplace Net. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Do not know

11. Industry or business -

MOTHER, FATHER {

12. Name Frank Smith

13. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

14. Maiden name Leahy Mary

15. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant General Hospital

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 4/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary K.C. Mo.

18. (a) Signature of funeral director Pasentino Bros.

(b) Address Kansas City Mo

19. (a) 4-5-45 (b) St. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1945 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 6, 1945 to March 31, 1945
that I last saw him alive on March 31, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 107 1
Duration

Due to.....

Due to.....

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy None

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 1 (Specify type of place) (c) Means of injury 1

23. Signature Clark W. Seely 4-2-45
(M. D. or other) Date signed

Address Med. Dir. Gen'l Hosp.

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

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 *James Walter*

Licensed Embalmer No. 2744

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.