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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19690

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2672

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: 1512 Olive (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 6 months

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. 1512 Olive St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Anna A. Smith
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alexander Smith
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 2 (Month) 6 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
66	4	12	..... hr. ..... min.

9. Birthplace Starksville (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation House Work
11. Industry or business at Home
MOTHER FATHER
12. Name Abner Milton
13. Birthplace Mississippi (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant Minnie Benton
(b) Address 1411 Lydia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn K.C. Kans.
18. (a) Signature of funeral director Emb & Casketing Mg. W. Jones
(b) Address 440 State Ave. K.C. Kans.
19. (a) 6-23-45 (Date received local registrar) (b) Geraldene Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18 year 1945 hour 11 a.m. minute ..... M.
21. I hereby certify that I attended the deceased from 6-1-45 to 6-18 and that I last saw her alive on 6-18 and that death occurred on the date and hour stated above.

Immediate cause of death: A cyst Intestional obstruction 6 days
Due to: Operation for removal of fibroid tumor (april)
Due to .....
Other conditions (Include pregnancy within 3 months of death) 1202 b
Major findings: Of operations .....
Of autopsy Gangrene of two feet of large intestine

Duration

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 ..... —0
23. Signature W. A. Lowe M.D. (M. D. or other)
Address 1820-43rd K.C. Mo. Date signed 6-22 Kans

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene English

Licensed Embalmer No. 4105

P. O. Address 440 State Ave

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.