

FILED OCT 23 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4124

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:
Netherlands Hotel--3835 Main /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 year 6 Months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3835 Main Street 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME EDWIN HARVEY SMELSER

3. (b) If veteran, name war No 3. (c) Social Security No. 507-03-8379

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Audrey Smelser 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased July 13 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 23 23 hr. min.

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

10. Usual occupation Window Trimmer

11. Industry or business Sterling Display

12. Name Edgar Smelser

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

14. Maiden name Grace Wood

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

16. (a) Informant Mrs Edwin Smelser

(b) Address 1000 Quincy St Topeka Kans

17. (a) Removal (b) Date thereof 10/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director Durkine & Co

(b) Address 20 West Linwood

19. (a) 10-7-45 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day Oct
year 1945 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g/a

Major findings: Of operations _____

Of autopsy yes - as above

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M, D, or other) Edgar
Address 6424 27th St Date signed 10-7-45

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

MOTHER FATHER

FEB 11 1946

FEB 18 1946

FEB 7 1943

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 Maudie Adam

Licensed Embalmer No. 4016

P. O. Address Kansas City Kan

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.