

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36395

FILED DEC 12 1945

State File No. _____
4864
Registrar's No. _____

Registration District No. 199 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACONSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: 1721 EAST 8TH STREET
(d) Length of stay: In hospital or institution. 30 YEARS
In this community 30 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACONSON
(c) City or town KANSAS CITY
(d) Street No. 1721 EAST 8TH STREET
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MRS. CAROLINE SMITH
(b) If veteran, name war. No
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOVEMBER day 24TH
year 1945 hour 7 minute 00 P.M.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDDED
6. (b) Name of husband or wife MR. ISAAC SMITH
6. (c) Age of husband or wife if alive 8 years
7. Birth date of deceased MAY 8 1855

21. I hereby certify that I attended the deceased from Nov 23 1945 to Nov 24 1945
that I last saw her alive on Nov 24 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 6 Days 16
If less than one day hr. min.

Immediate cause of death coronary occlusion
Due to hypertension

9. Birthplace AUSTIN TEXAS
10. Usual occupation AT HOME

Due to hypertension
Other conditions (Include pregnancy within 3 months of death) none
Major findings: 9/4/45

MOTHER FATHER
11. Industry or business
12. Name FESTUS BOSWELL
13. Birthplace PLYMOUTH ENGLAND
14. Maiden name HONOR PHILLIPS
15. Birthplace PLYMOUTH ENGLAND

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Joe Smith
(b) Address 1721 E 8th
17. (a) REMOVAL (b) Date thereof 11-28-45
(c) Place: burial or cremation PONCA CITY, OKLAHOMA
18. (a) Signature of funeral director O. W. Newcomer
(b) Address 1401 BRUSH CREEK BLDG.
19. (a) 11-26-45 (b) Registrar's signature

PHYSICIAN
Underline the cause to which death should be charged statistically.
23. Signature Alicia Boutros (M. D. or other) M.D.
Address 416 Apple KC Mo Date signed 11-26-45

416
Bryce Bell

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.....

Carl Rapp

Licensed Embalmer No. *03458*

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.