

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5083

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:
MCSEVERAL HOSPITAL No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Hrs.
(Specify whether)

In this community 20 YEARS
years, months or days

3. (a) PRINT FULL NAME MRS JESSIE ELEANOR SMITH

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. FEMALE 5. Color, or race WHITE

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

6. (b) Name of husband or wife MR. CYRUS JAMES SMITH

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

7. Birth date of deceased FEBRUARY-1-1876
(Month) (Day) (Year)

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

69 10 7 hr. min.

9. Birthplace TURKEY CITY PENNSYLVANIA
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name GEORGE BOOCKS

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

14. Maiden name UNKNOWN

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

16. (a) Informant MR. GEORGE S. SMITH

(b) Address 1821 EAST 84TH STREET

17. (a) BURIAL (b) Date thereof DEC-11-1945
(Burial, cremation, or removal) (M.C.H. - Day, Month, Year)

(c) Place: burial or cremation MT. MONCIE CEMETERY EAVENWORTH, KANSAS

18. (a) Signature of funeral director W. H. HOWARD, JR.

(b) Address 1401-1308 PREEK BLVD.

19. (a) 12-10-45 (b) A. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 3916 CENTRAL STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 8th
year 1945 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from before, 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 _____

Haemorrhage of basal ganglia

Due to Senescent atrophic changes

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy see 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 3rd floor

23. Signature [Signature] (M. D. or other) _____

Address 1424 1/2 W. 10th Date signed 12-8-45

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

MOTHER FATHER

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.....

Edward H. H. H.

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.