

No. 2
1-5-43
5-17-39
I X36671

FILED FEB 7 1946

Registration District No. 149

Primary Registration District No. 1002

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

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:
General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 10 yrs

3. (a) PRINT FULL NAME Arthur Smith

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Paul S. Sharp Smith 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: (Month) 2 (Day) 18 (Year) 1876

8. AGE: Years 69 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Leungston Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railroad

MOTHER FATHER

12. Name Unkn 9

13. Birthplace 11 9
(City, town, or county) (State or foreign country)

14. Maiden name Unkn 9

15. Birthplace 11 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Paul S Smith

(b) Address 7510 Wilson Rd

17. (a) Burial (b) Date thereof 1 23 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director J. B. Sheel

(b) Address Kansas City Mo

19. (a) 1-21-46 (b) Gealdis Holmer
(Date received local registrar) (Registrar's signature)

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. 7510 Wilson 8
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1946 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 17, 1946, to Jan. 19, 1946
that I last saw him alive on Jan. 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Peptic bleeding ulcer

Due to 2

Other conditions 117 hr
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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?

23. Signature Clark W Sealy MD (M.D. or other) 1-21-46
Address Med. Dir. Gen'l Hosp. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 2 1946

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..... *John P. Sheil*

Licensed Embalmer No. *3525*

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.