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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1773

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5403

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:
K.C. CONVALESCENT HOME 3200 NORLEDGE 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 45 YEARS years, months or days)

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. 137 NORTH LAWN AVENUE
(If rural, give location)

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

If yes, name country ----

3. (a) PRINT FULL NAME MRS. GERTRUDE MOROSS SMITH

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife DR. GEORGE E. SMITH

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

7. Birth date of deceased MARCH (Month) 14 (Day) 1869 (Year)

8. AGE: Years 76 Months 9 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace TOLEDO (City, town, or county) OHIO (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ----

FATHER
12. Name PETER C. MOROSS
13. Birthplace UNKNOWN (City, town, or county) FRANCE (State or foreign country)

MOTHER
14. Maiden name ADDIE TOWNSEND
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MR. DEWITT C. SMITH
(b) Address 217 NORTH MERSINGTON AVE.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC 29 1945 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremations D.W. NEWCOMERS SONS

18. (a) Signature of funeral director D.W. Newcomers Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 25TH year 1945 hour 2 minutes 50 P.M.

21. I hereby certify that I attended the deceased from Nov. 25, 1945, to Dec 25, 1945 that I last saw her alive on Dec 24, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration For Years

Due to

Due to

Other conditions Bronchopneumonia 11-25-45
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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

23. Signature L. Raymond Hall (M. D. or other) D.O.
Address 2603 Ladies Blvd. Date signed 12-26-45

(Licensed Embalmer's Statement on Reverse Side)

2603 Independence Avenue

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.