

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

FILED JAN 21 1946

Primary Registration District No. 1002

Registrar's No. 5345

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 #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 31 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 907 E. 14th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME Mary Gaines Smith

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wesley Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Shreveport Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name John Gaines

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

14. Maiden name Addie

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

16. (a) Informant Medical Records Librarian

(b) Address General Hospital #2

17. (a) burial (b) Date thereof 12/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Hatkins Bros

(b) Address 1729 Lydia

19. (a) 12-26-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16, year 1945 hour 1: minute 31 A. M.

21. I hereby certify that I attended the deceased from December 10, 1945, to December 16, 1945 that I last saw her alive on December 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinomatosis
Broncho-pneumonia

Due to Adenocarcinoma of Urinary Bladder with Uremia

Due to Adenocarcinoma of Uterus

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

Major findings: 485
Of operations _____
Of autopsy _____

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)

23. Signature G. Holmes (M. D. or other)

Address General Hospital #2 Date signed 12/17/45

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

100398

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 *J. James Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.