

FILED FEB 20 1946
Registration District No. **176**

Primary Registration District No. **3026**

Registrar's No. **17**

1. PLACE OF DEATH: **Jackson**

(a) County **Jackson**

(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Independence Sanitarium** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether)

In this community **37 years**
- years, months or days

3. (a) PRINT FULL NAME **JESSIE A SMITH**

3. (b) If veteran, **none** name war

3. (c) Social Security **none** No.

4. Sex **female** / 5. Color or race **white**

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

6. (b) Name of husband or wife **Edgar W Smith**

6. (c) Age of husband or wife if alive **1881** years

7. Birth date of deceased **March 5**
(Month) (Day) (Year)

8. AGE: Years **64** Months **10** Days **8**
If less than one day hr. mid.

9. Birthplace **Kellazamo Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **Benjamin F. Smith**

13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth M. Smith**

15. Birthplace **Unknown Michagan**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L.S. Bishoff**

(b) Address **Independence Missouri**

17. (a) **Burial** (b) Date thereof **1-14-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mound Grove Cemetery**

18. (a) Signature of funeral director **Geo. C. Carson** **Funeral Home**

(b) Address **Independence Missouri**

19. (a) **1-14-46** (b) **James W. Ross**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Independence** **4**
(If outside city or town limits, write "RURAL")

(d) Street No. **903 W. Van Horn** **4**
(If rural, give location)

(e) Citizen of foreign country? **no** **0**
(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** **13**
year **1946** hour **2** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **19**, 19**46**, to **19**, 19**46**
that I last saw **allegedly** and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyx Coronary** **Duration**

acute circulatory failure

Due to **Diabetes mellitus**

Due to **(Diabetic Coma)**

Other conditions **61**
(Include pregnancy within 3 months of death)

Major findings: **61** **PHYSICIAN**

Of operations **61**

Of autopsy **Inspection of History**

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 **A. E. Upsher** **61**
(Specify type of place) (Means of injury)

23. Signature **A. E. Upsher** **61**
Address **2800 Main** **1/14/46**
(M. Seal of office) (Date)

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

130

MAY 16 1927

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 *George J. Carson*
Licensed Embalmer No. *2249*
P. O. Address *Indep. 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.