

FILED APR 10 1946
197

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:
830 West 51st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Catherine Fowler Smart
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert M. Smart 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased October 8 1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 17 - If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business x

MOTHER FATHER
12. Name Edwin Fowler
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Brodie
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert M. Smart
(b) Address 830 W. 51st St., Kansas City, Mo.

17. (a) Cremation (b) Date thereof 3-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-27-46 (b) Gertrudine 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. 830 West 51st Street
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1946 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 29 1944 to Mar 25 1946
that I last saw her alive on Mar 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death heart failure - congestion
lung
Due to metastasis Ca.

Due to Open Oct 1944 for Ca
Colon - metastasis in pleura
Other conditions frone
(Includes pregnancy within 3 months of death) 46 2

Major findings: Ca colon & metastasis lungs
Of operations back - brain - abdomen pelvis
Of autopsy none made

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? (c) Means of injury.

23. Signature Deater J Wilson (M. D. or other) MD
Address Plaza Medical Bldg Date signed 3-26-46

Dr. Hester Wilson
12-30

Dr. Hester Wilson,

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address 14C 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.