. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16848

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2110

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: Lakeside Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 994
(c) City or town Kansas City 111
(If outside city or town limits, write "RURAL")
(d) Street No. 948 Pacific 14
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Edna SMITH

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

4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 23 (Day) 1890 (Year)

8. AGE: Years 55 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Leavenworth (City, town, or county) Kansas (State or foreign country) /
10. Usual occupation Laundry worker
11. Industry or business retired--Gate City Ldry.

FATHER
12. Name Edward Smith 0
13. Birthplace Stits, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dora Vantine
15. Birthplace Frankstown, (City, town, or county) Penn. (State or foreign country) /

16. (a) Informant Mrs. Nellie L. Burkin
(b) Address 948 Pacific Kansas City Kansas
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery
18. (a) Signature of funeral director R. A. Fulton
(b) Address Kansas City Kansas
19. (a) 5-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1946 hour minute M.

21. I hereby certify that I attended the deceased from April 28-1946, 1946, to May 6th, 1946 that I last saw her alive on May 6th, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4-28-46
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
Of autopsy	

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 2

23. Signature Francis J. Jones (M. D. or other) DO
Address 923 Central Ave Date signed 5-7-46

(Licensed Embalmer's Statement on Reverse Side) 155.15

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 M. M. Swisher

Licensed Embalmer No. 3505

P. O. Address 12 C. Warren

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.