

FILED JUN 20 1946
Registration District No. 149

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
 In this community 43 YEARS

3. (a) PRINT FULL NAME Mrs. Lena M. 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 MR. JOSEPH SMITH
 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased APRIL 26 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 8
 If less than one day _____ hr. _____ min.

9. Birthplace MINNESOTA
(City, town, or county) (State or foreign country)
 10. Usual occupation AT HOME

11. Industry or business _____
 12. Name JOHN ROBERT ELLS
 13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
 14. Maiden name ALVINA FRANZ
 15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. JOHN E. SPRY
 (b) Address 6818 BELLEFONTAINE AVENUE
 17. (a) BURIAL (b) Date thereof JUNE 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
 (b) Address 1401 BRUSH CREEK BLVD.
 19. (a) 6-6-46 (b) M. Holmea
(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. 4008 So. Benton
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
 year 1946 hour 11 minute 30 A. M.
 21. I hereby certify that I attended the deceased from June 1 46 to June 4 46
 that I last saw him/her alive on June 4 46
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
 Due to _____
 Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy See above

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)
 (e) Means of injury _____
 23. Signature Wm W. Hall (M. D. or other) MD
 Address Med. Dir. Gen'l Hosp. Date signed 6-5-46

R. J. [unclear]

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. Colbourn*
Licensed Embalmer No. *3506*
P. O. Address *K.C. 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.