S. No. 2
OM—5-43
v. 5-17-39
> 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23816
3051

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

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 7 hrs. (Specify whether years, months or days)
In this community 1 day 7 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 736 Park 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Infant Smith
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Fem /
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: S 0
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: 7/9/46 (Month) (Day) (Year)

8. AGE: Years | Months | Days 1 | If less than one day 7 hr. min.

9. Birthplace: Kansas City, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: -- infant
11. Industry or business: --

MOTHER FATHER
12. Name: George Smith
13. Birthplace: Kansas City, Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name: Dorothy Ann Neff
15. Birthplace: Unk. 0 (City, town, or county) (State or foreign country)

16. (a) Informant: George Smith, /
(b) Address: 736 Park, K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Kaxa Green Lawn Cem
18. (a) Signature of funeral director: John P. Sheil
(b) Address: K. C. Mo.
19. (a) 7-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1946 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from July 9, 1946 to July 10, 1946 that I last saw her alive on July 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity — Duration

Due to:

Due to:

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

Major findings:
Of operations: 159
Of autopsy: See above

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

23. Signature: Wm W. Hand (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 7-11-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Collins

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 John P Shiel

Licensed Embalmer No. 3625

P. O. Address 6 6 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.