V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27366

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3643

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. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 96 days (Specify whether years, months or days)

In this community 26 Years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 3602 Raytown Road 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Georgia Ann ~~Kelly~~ Smith

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female 3

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: William Smith

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

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace: Mississippi (City, town, or county) / (State or foreign country)

10. Usual occupation: At Home

11. Industry or business

FATHER
12. Name: George Ragsdale /
13. Birthplace: (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name: Hannah
15. Birthplace: (City, town, or county) Mississippi / (State or foreign country)

16. (a) Informant: William Kelly, Son

(b) Address: 3602 Raytown Road, WA. 7496

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/24/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Westlawn Cemetery, K.C.K.

18. (a) Signature of funeral director: Watkins Bros

(b) Address: 1229 Lydia Avenue

19. (a) 8-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1946 hour 9:35 minute p. M.

21. I hereby certify that I attended the deceased from May 14, 1946, 19..., to August 18, 1946, that I last saw her alive on August 18, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia bronchial

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy

Duration

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? (a) Means of injury 0

23. Signature: [illegible] (M. D. or other) M.D.

Address: 600 East 22nd St. Date signed 8/19/46

(Licensed Embalmer's Statement on Reverse Side)

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

26206

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 D. Jerome Marlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.