

FILED JAN 7 1947
149

Registration District No. _____ 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:
1321 E. 14th St., 2nd. fl.
(If not in hospital or institution, write street number or location)

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

In this community **Over 10 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Alex Smith**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Col.**

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Emma Smith**

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

7. Birth date of deceased **May 3 1876**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	7	18	6 hr. 30 min.

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

10. Usual occupation **Truck driver**

MOTHER {

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cassie Garr**

(b) Address **2504 Park**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **12/26/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Frst. Appleton Jones**

(b) Address **1905 Vine Street**

19. (a) **12-24-46**
(Date received local registrar)

(b) **Geraldine Holmes**
(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. **1321 E. 14th Street**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **21**
year **46** hour **6** minute **30** P.M.

21. I hereby certify that I attended the deceased from **May 6, 1946**
to **Dec 21 1946**
and that death occurred on the date and hour stated above.

I last saw him alive on **December 19 1946**

Immediate cause of death:

(1) **Carcinoma of the Oesophagus**

Due to **2 Pulmonary Metastasis**

(2) **Secondary Hemorrhage of the Lung**

Other condition **Lachemia**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **46 a**

Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)

Means of injury **Rejected Fleming**

23. Signature **Rejeed Fleming** (M. D. or other) _____

Address **1830 Vine St** Date signed _____

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.....

Licensed Embalmer No. 2710

P. O. Address: Kansas City 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.