

No. 2
-12-45
5-17-39
I X47070

FILED JAN 13 1947

Registration District No. 197 Primary Registration District No. 1002

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: K.C. Gen. Hosp. No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 30 yrs.
(years, months or days)

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. 525 Donnelly
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry D. Smith

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sadia A. Miller

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

7. Birth date of deceased 4/26/1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>8</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business //

12. Name Augustus Smith

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

14. Maiden name Unk.

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

16. (a) Informant Ida Mae Kennedy

(b) Address 5416 E. 25th St., K. C. Mo.

17. (a) Burial (b) Date thereof 1/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Raymore, Mo.

18. (a) Signature of funeral director John P. McSheil

(b) Address _____

19. (a) 12-31-46 (b) Geraldine Holmead
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th
year 1946 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from 12-24-46 to 12-30-46
that I last saw him alive on 12-30-46
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to _____

Due to _____

Other conditions 940
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? 0

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. W. Hart (M. D. or other) MD
Address Dir. K.C. Gen. Hospital Date 12-30-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

39665

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 16 E 40

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.