

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1336
Registrar's No. 400

FILED FEB 11 1947

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kaw Kansas City
(c) Name of hospital or institution:
3215 Campbell 4 Conv. Home.
(d) Length of stay: In hospital or institution. 2 mos.
In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 308 Garfield
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Florence Smith
(b) If veteran, name war. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 27th.
year 1947 hour 6 minute 40 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced. Mar
(b) Name of husband or wife Thomas H. Smith
(c) Age of husband or wife if alive. 27 years
7. Birth date of deceased. Feb 27 1870

21. I hereby certify that I attended the deceased from Nov 1946 to Jan 27 1947
that I last saw her alive on Jan 12 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 11 Days 5
If less than one day hr. min.

Immediate cause of death, General Circulatory Failure
Due to Arterial Sclerosis

9. Birthplace Kansas
10. Usual occupation at home

Other conditions 97
Major findings: Of operations
Of autopsy

MOTHER FATHER

11. Industry or business
12. Name John Mc Reynolds
13. Birthplace Pa
14. Maiden name Mrs. Sarah Taylor
15. Birthplace Key

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant John Murphy
(b) Address 13031 Road
17. (a) Burial (b) Date thereof 1-29-47
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Mrs. E. L. Bauer
(b) Address KC Mo
19. (a) 1-29-47 (b) Geraldine Holmes

While at work (Specify type of place) (c) Means of injury
23. Signature George de Steevens M.D.
Address 1103 E. Armour Date signed 1-27-47

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

12-4

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 C. H. Nix
Licensed Embalmer No. 2570
P. O. Address Kearney

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.