

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1339

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Devine Bros. Hospital
(d) Length of stay: In hospital or institution 17 hrs., 5 min.
In this community see above

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

3. (a) PRINT FULL NAME Mrs. Katy Elinore Smith
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, or married Married
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased June 28 1886

8. AGE: Years 60 Months 6 Days 23

9. Birthplace Summer Co. KANSAS

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Will Crowder
13. Birthplace Mo.
14. Maiden name No Record
15. Birthplace Mo.
16. (a) Informant Ira C. Smith

(b) Address Lebo Kansas

17. (a) Removal (b) Date thereof 1-2-47

(c) Place: burial or cremation Lebo, Missouri

18. (a) Signature of funeral director Mrs. C. R. Foster

(b) Address 918 Oak Street

19. (a) 1-2-47 (b) Signature of Registrar Heraldine Holmes

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 1 year 1947 hour 12 minute 5 P.M.
21. I hereby certify that I attended the deceased from Jan. 1st 1947 to Jan. 1 1947;
that I last saw her alive on Jan. 1st, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured gall bladder
Due to Acute chole cystitis no gall stones
Other conditions 1276
Major findings: Ruptured gall bladder
Of operations

Duration
12 hrs
36 hrs
1276
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
Signature L. J. Devine D.O.
Address 918 Oak Street Date signed 1-1-47

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

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.....

Carl Land Meiner

Licensed Embalmer No.....

3414

P. O. Address.....

918 Brooklyn

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.