

No. 2
5-5-43
5-17-39
I X34671

State File No. _____
Registrar's No. 2310

FILED JUN 9 1947
Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE INK—NEADING 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:
2102 EAST 42ND STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 YEARS years, months or days)

3. (a) PRINT FULL NAME ED SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. 496-09-1543

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. IVA SMITH

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

7. Birth date of deceased APRIL 22 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 | 1 | 1 | _____ hr. _____ min.

9. Birthplace CARROLLTON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business CITY HALL J. C. NICHOLS

12. Name RILEY SMITH

13. Birthplace CARROLL COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name SARAH JANE VICKERY

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

16. (a) Informant Mrs. Clark Haman

(b) Address 2102 East 42nd St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 26 1947
(Month) (Day) (Year)

(c) Place: burial or cremation GREENLAWN CEMETERY

18. (a) Signature of funeral director D. V. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-26-47 (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. 2102 EAST 42ND 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 MAY day 23 RD
year 1947 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 15 1947 to May 22 1947
that I last saw him alive on May 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 6 days

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \$30

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. J. Thompson (M. D. or other)
Address 1730 Poplar Blvd. Date signed 5/23/47

730 W. Main Street
2-5:30 P.M.

APR 19 1954

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..... *Bernard J. Moran*

Licensed Embalmer No..... *4250*

P. O. Address..... *M.C. 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.