

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17623
Registrar's No. 2126

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(d) Length of stay: In hospital or institution 1 DAY
In this community 57 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 1506 HARRISON
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME SANDY SMITH
3. (b) If veteran, name war World War I
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 12, year 1947 hour 2: minute 10 A. M.
21. I hereby certify that I attended the deceased from MAY 11, 1947, to MAY 12, 1947, that I last saw h IM alive on MAY 12, 1947, and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Vascular Accident

4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY 1, 1892

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 55 Months 0 Days 11

9. Birthplace KANSAS CITY MISSOURI

10. Usual occupation LABORER

11. Industry or business

12. Name JOHN SMITH
13. Birthplace KANSAS
14. Maiden name REBECCA HIDE
15. Birthplace Nashville TENNESSEE

16. (a) Informant JOSEPH CLADWELL
(b) Address 1506 HARRISON

17. (a) Burial (b) Date thereof 5/15/47
(c) Place: burial or cremation Wadsworth, Kansas

18. (a) Signature of funeral director
(b) Address
19. (a) 5-13-47 (b) Registrar's signature

Major findings: Of operations
Of autopsy Sam as above

22. If death was due to external causes, fill in the following:
(c) 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?

23. Signature of physician Frank Davis (M. D. or other) M. D.
Address GENERAL HOSPITAL NO. 2 Date signed 5/12/47

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

MOTHER FATHER

JUL 29 1947

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 *J. Manuel Manlapid*
Licensed Embalmer No. *3994*
P. O. Address *2503 Highland*

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.