7. S. No. 2
DM—9-4-41
ev. 5-17-39
Type I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1947

Registration District No. 749

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 21197

Registrar's No. 2702

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: GENERAL HOSPITAL NO. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 DAYS (Specify whether years, months or days)

In this community 4 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON 48

(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 2014 E. 12th St. 8
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: NORA SMITH

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: FEMALE 3

5. Color or race: NEGRO

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: SCOTT SMITH

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: OCTOBER (Month) 25, (Day) 1911 (Year)

8. AGE: Years 35 | Months 7 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace: TYLER (City, town, or county) TEXAS (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business:

MOTHER FATHER

12. Name: ED GRAVES

13. Birthplace: Memphis (City, town, or county) TENNESSEE (State or foreign country)

MOTHER

14. Maiden name: MOLLIE PRYOR

15. Birthplace: Huntsville (City, town, or county) ALABAMA (State or foreign country)

16. (a) Informant: SCOTT SMITH (HUSBAND)

(b) Address: 2014 E. 12th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: Watkins Bros.

(b) Address: 1709 Lydia Avenue

19. (a) 6-23-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20, year 1947 hour 9: minute 30 A. M.

21. I hereby certify that I attended the deceased from MAY 7, 1947 to JUNE 20, 1947 and that I last saw her alive on JUNE 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA OF CERVIX AND UTERUS

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 48

Major findings:
Of operations:

Of autopsy: SAME AS ABOVE

Duration

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? (Specify type of place) 0

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other) M.D.

Address: GENERAL HOSPITAL NO. 2 Date signed 6/21/47

(Licensed Embalmer's Statement on Reverse Side)

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.....L. Jerome Manlove

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.