

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

FILED AUG 5 1947

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **2999**

WRITE PLAINLY--USE UNFADING 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: St. Luke's Hospital, Kansas City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME James Edward Smith Th

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Florence Smith

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased September 10 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>2</u>hr.min.

9. Birthplace Johnson County Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Garage

11. Industry or business Own Business

12. Name John J. Smith

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Glavin

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

16. (a) Informant Mrs. Florence Smith

(b) Address 2631 Grandview Blvd., K.C.K.

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof July 14-47
(Month) (Day) (Year)

(c) Place: burial or cremation Shawnee Cemetery, Shawnee, Kans.

18. (a) Signature of funeral director Jos. A. Butler's Sons

(b) Address 22 South 18th, St. K.C.K.

19. (a) 7-15-47
(Date received local registrar)

(b) Geraldine Holmes
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 994

(c) City or town Kansas City 16
(If outside city or town limits, write "RURAL")

(d) Street No. 2631 Grandview Blvd. 0
(If rural, give location)

(e) Citizen of foreign country? No 2
(Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1947 hour 5:20 minute A. M.

21. I hereby certify that I attended the deceased from June 28
1947, to July 12, 1947

that I last saw him alive on July 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchogenic Carcinoma
with Metastases.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy as above.

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.....

23. Signature Geraldine Holmes (M. D. or other).....
Address 501 Plaza West 549 K.C.K. Date signed 7/12/47

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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.....
.....
Licensed Embalmer No. **3426** No.
P. O. Address..... **Kansas City 2, Kansas.**

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.