

FILED AUG 7 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH: **Jackson**

(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: **515 Myrtle**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether
In this community **25 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Stella Rae Smith**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **female** / 5. Color or race **white**

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

6. (b) Name of husband or wife **George V. Smith**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **January 22 1884**
(Month) (Day) (Year)

8. AGE: Years **63** Months **6** Days **0** If less than one day
hr. _____ min. _____

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

10. Usual occupation **at home,**

11. Industry or business **x**

12. Name **Frank Pope**

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

14. Maiden name **Sarah Long**

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

16. (a) Informant **George V. Smith**

(b) Address **515 Myrtle, Kansas City, Mo.**

17. (a) **removal** (b) Date thereof **7-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wellington, Kansas**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **7-23-47** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **515 Myrtle** **8**
(If rural, give location) **U**

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **x**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
year **1947** hour **2:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 20**
19**47**, to **July 22** 19**47**
that I last saw **her** alive on **July 21** 19**47**
and that death occurred on the date and hour stated above:

Immediate cause of death **Cerebral Hemorrhage** Duration **2 da**

Due to **Hypertension**

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **§3^a**

Of autopsy _____

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 plura) (e) Means of injury **U**

23. Signature **Chas. Nelson MD** (M. D. or other)

Address **3626 Independence** Date signed **7-23-47**

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

Dr. Chas. Nelson

3626 1/2 Independence

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address KC, 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.