S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31446

FILED SEP 16 1949
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3814

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: 1210 East 13th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 37 Years
years, months or days)

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.: 1210 East 13th Street 8
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Lucy Ann Smith

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

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: John R. Smith

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

7. Birth date of deceased: June 6, 1874
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	2	28	..... hr. ..... min.

9. Birthplace: Nelson, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business .....

FATHER
12. Name: Unknown 9
13. Birthplace: Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Edith Lewis
15. Birthplace: Saline County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Leola Neal
(b) Address: 1210 East 13th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1729 Lydia Ave.

19. (a) 9-6-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4th
year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from July 24, 1947 to Sept. 4, 1947 that I last saw her alive on ....., 19..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to: Malaria (in childhood)	
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 93d
Of autopsy .....

PHYSICIAN — Underline the cause of 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)
While at work? ..... Cause (Means of injury) .....

23. Signature: M L Fletcher M.D. (M.D. or other)
Address: 922 W 24 Date signed: 9-4-47
KC Mo

Jefferson City Printing Co. (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 Lester L. Lilly, Registered Apprentice No. 73, working under my personal supervision.

Signed D. J. 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.