No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31449
Registrar's No. 4195

Registration District No. 149 Primary Registration District No. 1002

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 LUKES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 58 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. 1811 E. 41ST. STREET 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LAURA SUSAN SMOOT
3. (b) If veteran, name war no
3. (c) Social Security No. 498-30-0261

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife BAYLESS SMOOT
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased NOV (Month) 30 (Day) 1876 (Year)

8. AGE: Years 70 Months 10 Days 3 If less than one day hr. min.

9. Birthplace HOLDEN (City, town, or county) MO. (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business HOUSE KEEPER FAIRMONT HOSP.
FATHER
12. Name DR JOHN W. KYGER
13. Birthplace ROCKINGHAM (City, town, or county) VIRGINIA (State or foreign country)
MOTHER
14. Maiden name MARY ELIZABETH SCHOLL
15. Birthplace INDEPENDENCE (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS. FRANK B. MILLER
(b) Address TULSA OAK
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 4, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEM KCMO.
18. (a) Signature of funeral director O. H. Newcomer's Son
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 10-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 3rd year 1947 hour 3 minute 10A M.
21. I hereby certify that I attended the deceased from SEPT 19, 1947 to OCT 2, 1947 that I last saw her alive on OCT 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY DISEASE

Due to

Due to

Other conditions LOCAL TONSILLECTARY (Include pregnancy within 3 months of death) Oct 2-1947

Major findings:
Of operations
Of autopsy 1150

Duration

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? (e) Means of injury

23. Signature Richard L. Bower (M. D. or other)
Address 305 Prof. Bldg. KCMo. Date signed Oct 3 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

305 Independence Blvd

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. 4453

P. O. Address Kansas City

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.