

FILED OCT 25 1947
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **4362**

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 **113 E 12th St**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 1/2 years**
In this community **2 1/2 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **5715 ST 50th**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MARION SMITH**
3. (b) If veteran **World War #1**
name war.....
3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elmer Smith**
6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **10 24 80**
(Month) (Day) (Year)

8. AGE: Years **66** Months **11** Days **19**
If less than one day
hr. min.

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

10. Usual occupation **CARPENTER**

11. Industry or business **RETIRED**

12. Name **SPENCER SMITH**

13. Birthplace **NO RECORD** 9
(City, town, or county) (State or foreign country)

14. Maiden name **UNK** 9

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

16. (a) Informant **Miss Frances McQuinn**

(b) Address **Philadelphia Penn**

17. (a) **Burial** (b) Date thereof **10/18/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wt Washington**

18. (a) Signature of funeral director **J.P. Shep**

(b) Address **Kansas City**

19. (a) **10-17-47** (b) **A. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **13**
year **1947** hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Coronary Arteriosclerosis**

Due to.....

Due to..... **gnd**

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

Major findings: **Reputy coroner**

Of operations.....

Of autopsy **History & inspection**

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)

23. Signature **W.E. Tucker** (M.D. or other)

Address **2800 Main** Date signed **10/16/47**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

DEC 2 1949
DEC 15 1949

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.....

J. P. Sheil

Licensed Embalmer No. 3625

P. O. Address 141 C 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.