No. 2
-1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1059

Registration District No. 199 — Primary Registration District No. 1002 — Registrar's No. 76

WRITE PLAINLY—USING 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 LUKES. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 9 DAYS (Specify whether
In this community 52 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") 8
(d) Street No. 3240 HARRISON STREET 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Etta O. Eads
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or ~~wife~~ MR. CHARLES. E. EADS
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased OCTOBER 4 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	X 3	1	hr. min.

9. Birthplace LYNN CO. MISSOURI 0 (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name BRITTON. W. SMITH 0
13. Birthplace LYNN. CO. MISSOURI (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY A. PICKENS
15. Birthplace UNKNOWN ILLINOIS (City, town, or county) (State or foreign country)
16. (a) Informant Chas E. Eads
(b) Address 3240 Harrison St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 7-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY
18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 1-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 (JAN) day 5TH year 1948 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from Pathologist, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: pulmonary emboli	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations
Of autops: Recent pul. emboli - At failure c̄ Rt. auricular mural Thrombus

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 Paul J. Preston (M. D. or other) M.D.
Address St Luke's Hospital Date signed 1-5-48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jess T. Dews

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.