No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4824

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 644

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: Vineyard Park Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 50 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. 1512 East 29th. Street 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lura Elma File

3. (b) If veteran, name war No

3. (c) Social Security No. 487-01-0971A.

4. Sex Female/

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John Franklin File

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

7. Birth date of deceased 12 13 1875 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Illinois -/- (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Patrick H. Smith
13. Birthplace No Record 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Haynes
15. Birthplace Texas / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James H. Withers
(b) Address Tulsa, Oklahoma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City, Missouri

19. (a) 2-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12-th. year 1948 hour 8 minute P/. M.

21. I hereby certify that I attended the deceased from Feb 4, 1948 to Feb 12, 1948; that I last saw her alive on Feb 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bulbar Paralysis	3 hrs
Due to Cephalomalacia	9 mos
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to 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 0

23. Signature L E Sheldon (M. D. ~~or other~~)
Address [illegible] Date signed 2-13-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sheldon
Commerce Bldg.
1-2

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 A. Herrmann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

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.