

FILED MAR 20 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8919

Registrar's No. 1026

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:
811 West 69th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
(Specify whether
In this community **20 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **811 West 69th Terrace**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Sadie A. Smith**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **NO.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, divorced, **widowed**
6. (b) Name of husband or wife **Dr. E. Combie Smith** 6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **July 25 1864**
(Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **10 9** If less than one day
hr. min.

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
at home,

10. Usual occupation **X**

11. Industry or business

MOTHER FATHER

12. Name **William Heffner**
13. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)
14. Maiden name **Spoon**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lloyd H. Smith**
(b) Address **811 W. 69th Ter., Kansas City, Mo.**
17. (a) **burial** (b) Date thereof **3-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hiawatha, Kansas**

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**
19. (a) **3-5-48** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**
year **1948** hour **5:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **1948** to **Mar 4 1948**
nausea and that death occurred on the date and hour stated above. **1948**
that I last saw her alive on **March 3**

Immediate cause of death **Arteriosclerosis of Heart** Duration
Disease

Due to **1. Generalized arteriosclerosis**

Due to **2. Senility**

Other conditions **1 & 2 above**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **93d**

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?

While at work? _____ (Specify type of place) (e) Means of injury **0**
23. Signature **Paul G. [Signature]** (M. D. or other) **[Signature]**
Address **1025 North Blvd. K. C., Mo.** Date signed **3/5/48**

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

8308

Dr. Paul Pearson
Real to Black
C.H.H.

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 H. Reed

Licensed Embalmer No. 3745

P. O. Address K.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.