

Registration District No. 749

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:
3001 Benton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 40 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") 7
 (d) Street No. 3001 Benton 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME JAMES R. SMITH
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 31
 year 1948 hour 8 minute 15 P.M.
 21. I hereby certify that I attended the deceased from
Nov 26 1947 to May 31 1948
 that I last saw him alive on May 31 1948
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Minnie Smith
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased September 24 1863
(Month) (Day) (Year)

Immediate cause of death _____
Stromia 1 week
 Due to Chronic Bright's disease 6 mos
Chronic Myocardial disease years
 Due to Pernicious anemia 6 mos
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
84 8 7 hr. _____ min.

9. Birthplace Roberts Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Real Estate Broker
 11. Industry or business Investments

Major findings:
 Of operations _____
 Of autopsy _____
 1318
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Unknown 9
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown 9
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wallace Smith
 (b) Address 1945 East 71st St. K.C. Mo.
 17. (a) PANTHEON (b) Date thereof June 3rd 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 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 Robert Hansen (M. D. or other) MD
 Address 1220 E 31st Date signed 5-31-48

18. (a) Signature of funeral director Wilks Funeral Home
 (b) Address 2315 Linwood K. C. Mo.
 19. (a) 6-1-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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

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 *Chas E Wilks*.....

Licensed Embalmer No *2644*.....

P. O. Address *H.C.M.O*.....

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.