U. S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16523

Primary Registration District No. 1002

Registrar's No. 2155

WRITE PLAINLY—USE 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: 4920 WABASH AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - - - (Specify whether years, months or days)

In this community: 65 YEARS

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.: 4920 WABASH AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - - - - -

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3. (a) PRINT FULL NAME: MRS. ALICE C. S. SMYTHE

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 D SMYTHE

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: SEPTEMBER 3 1880 (Month) (Day) (Year)

8. AGE: Years 67 | Months 8 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: - - - - -

FATHER
12. Name: JAMES C. SAPPINGTON
13. Birthplace: COLUMBIA (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name: JULIA
15. Birthplace: ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: Chas D. Smythe
(b) Address: 4920 Wabash

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: MAY 24 1948 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation: D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director: D. W. Newcomer's Sons

(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 5-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 21 day ____ year 1948 hour 12:00 minute 19 P. M.

21. I hereby certify that I attended the deceased from May 10 1948 to May 21 1948 that I last saw her alive on May 21 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 Days

Due to: Injury to Head

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: 1 8 6 0 1 8
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): Accidental Fall in bath tub

(b) Date of occurrence: May 6th 1948

(c) Where did injury occur? Home in bath tub (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury: Fall

23. Signature: Dr Winterbower (M.D. or other)
Address: 109 Karnes Blvd Date signed: 5/21/48

(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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K, C, 4 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.