

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: MEMORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 2 years
years, months or days (Specify whether)

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. 5804 EAST 31ST STREET. 0
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MRS. DAISY LULU SMITH

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. GENE SMITH 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased August 7 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Idarogut Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name James Odell
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Purpus
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Gene Smith
(b) Address 5804 E 31st St

17. (a) CREMATION (b) Date thereof June 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation D.W. NEWSOMER'S SONS.

18. (a) Signature of funeral director D.W. Newsomer's Sons
(b) Address 1401 Brook Creek Bldg.

19. (a) 6-30-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29 year 1948 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 8-26, 1947, to 6-29, 1948
that I last saw her alive on 6-29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition & Starvation 2.460
Duration

Due to Fibro Sarcoma of ?
Due to myxillary antra ,

Other conditions 550
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Fibro Sarcoma of myxillary antra
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 _____
23. Signature Joseph H. Grant (M. D. or other) MD
Address 1103 1st Ave Date signed 6/30/48

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

1024 Professional only

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 John E. Frickling
Licensed Embalmer No. 4483
P. O. Address Kansas City, 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.