

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:
 3245 ST. JOHN AVENUE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
 In this community 39 YEARS (Specify whether years, months or days)

3: (a) PRINT FULL NAME MRS FANNIE ESTHER 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, WIDOWED
 6. (b) Name of husband or wife MR. FRED M. SMITH
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JULY - 9 - 1863
 (Month) (Day) (Year)

8. AGE: Years 85 Months X1 Days X21 If less than one day hr. min.

9. Birthplace KNOX COUNTY ILLINOIS
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER
 11. Industry or business AT HOME

MOTHER FATHER
 12. Name ARTHUR M. INGHAM / IRENE M. INGHAM
 13. Birthplace HUME NEW YORK
 (City, town, or county) (State or foreign country)
 14. Maiden name ABIGAIL ANNETTE RANDALL
 15. Birthplace KNOX COUNTY ILLINOIS
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS IRENE ENNES
 (b) Address 3415 ST. JOHN AVE. H.C. 18

17. (a) BURIAL (b) Date thereof SEPT-1-1948
 (Burial, cremation, or removal) (City or town) (County) (State)
 (c) Place: burial or cremation HIGHLAND PARK CEM. CRYPT KANSAS CITY, KANSAS

18. (a) Signature of funeral director S.H. DeLuca
 (b) Address 1401 BRUSH CREEK BLDG.

19. (a) 8-31-48 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

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. 3245 ST. JOHN AVENUE
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 30TH
 year 1948 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Atherosclerosis
 Due to _____
 Due to _____
 Other conditions (Include pre-mortem conditions): Deputy Coroner
 Major findings: History of 932
 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?
 While at work _____ (Specify type of place)
 _____ (Specify means of injury)
 23. Signature A.E. Usher
 Address 2800 Main St. 8/21/48

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 Robert Ray

Licensed Embalmer No. 4182

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.