

FILED OCT 29 1948
Registration District No. 6

Primary Registration District No. 5-568

1. PLACE OF DEATH:

(a) County..... Jackson *Rural*

(b) City or town..... Kansas City *Blue*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence, 8900 Independence Ave.
(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) 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Jackson *48*

(c) City or town..... Kansas City 3 *Rural 3*
(If outside city or town limits, write "RURAL")

(d) Street No..... 8900 Independence Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct. day..... 19
year..... 1948 hour..... 11:40 minute..... P 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..... *Shock*
30 Burns

Due to.....

Due to.....

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

Major findings:
Of operations..... *Deputy Coroner*

Of autopsy..... *History*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... *Accident 48*

(b) Date of occurrence..... *10-19-48*

(c) Where did injury occur?..... *Intercity Jackson Mo.*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... *No* (Specify type of place)

23. Signature..... *A. G. Upsher* (M. D.)
2800 Main (Date received local registrar) *10/25/48*

Address.....
Date.....

3. (a) PRINT FULL NAME..... Delia F. Smith

3. (b) If veteran, name war..... none 3. (c) Social Security No. none

4. Sex..... female 5. Color or race..... white 6. (a) Single, widowed, married, divorced..... single

6. (b) Name of husband or wife..... None 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... September 1, 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 1 18 hr. min.

9. Birthplace..... Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Child

11. Industry or business..... None

12. Name..... George S. Smith

13. Birthplace..... Kansas City, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Dorothy Neff

15. Birthplace..... Kansas City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Dorothy Smith

(b) Address..... 8900 Indep. Ave.

17. (a) Burial..... Burial (b) Date thereof..... 10, 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Green Lawn Cemetery

18. (a) Signature of funeral director..... George C. Carson

(b) Address..... Independence, Missouri

19. (a) 10-21-48 (b) (Date received local registrar) (Registrar's signature) *354*

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

Body Not Embalmed

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 *R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence*

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.