

Registration District No. 749

Primary Registration District No. 1002

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:
2742 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 Years years, months or days)

3: (a) PRINT FULL NAME John Thomas Smith
3. (b) If veteran, name war No 3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Suprela Smith 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 15, 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Janitor

11. Industry or business _____

MOTHER, FATHER { 12. Name Samuel Smith
13. Birthplace Missouri
14. Maiden name Martha
15. Birthplace Missouri

16. (a) Informant Suprela Smith
(b) Address 2742 Jackson

17. (a) Burial (b) Date thereof 1/5/49
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Walter J. Bede
(b) Address 1729 Lydia Avenue
19. (a) 12-31-48 (b) Waldeline Holman
(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. 2742 Jackson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1948 hour 10 minute A M.
21. I hereby certify that I attended the deceased from Aug 10, 1948, to Dec 30, 1948
that I last saw him alive on Dec 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac Occlusion
Due to Arterio Sclerosis
Due to Senility
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations gya
Of autopsy _____

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?

J. E. Donaldson (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. E. Donaldson (M. D. or other) MD
Address 1100 Argyle Bldg Date signed 12/31/48

