

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1422  
180

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>50 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>3339 INDIANA AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>100 EAST 36TH STREET COLONIAL NURSING HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b> b. (Middle) <b>SMITH</b> c. (Last) <b>SMITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN-12-1949</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL 6 1873</b>	9. AGE (In years last birthday) <b>75 YRS</b>	10. MONTHS <b>0</b> 11. DAYS <b>0</b> 12. HOURS <b>0</b> MIN. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED 5 YEARS EMPLOYEE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CENTRAL HIGH SCHOOL CAETERIA</b>		11. BIRTHPLACE (State or foreign country) <b>SWITZERLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>CASPER HENSI</b>		13b. MOTHER'S MAIDEN NAME <b>VERNA</b>		14. NAME OF HUSBAND OR WIFE <b>HENRY SMITH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ALBERT SMITH</b> ADDRESS <b>3339 INDIANA AVE. KANSAS CITY MISSOURI</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intermittent heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>June 1944</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Crown artery sclerosis</b>		<b>June 1944</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>420. D</b>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Acc.</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **9/20**, 19**44**, to **1/12**, 19**49**, that I last saw the deceased alive on **1/12**, 19**49**, and that death occurred at **4:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. G. Leitch</b> C. G. Leitch (Degree or title) <b>MD</b>		23b. ADDRESS <b>1109 PLYMOUTH, KCMO</b>		23c. DATE SIGNED <b>1/12/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN-14-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Geraldine Holmes</b> ADDRESS <b>1401 BRUSH CREEK BL'VD. KANSAS CITY, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-14-49</b>		REGISTRAR'S SIGNATURE _____			

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Robert Ray*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

*4182*

P. O. Address.....

*Kansas City,*

**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.