

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8618
1264

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 12 years		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2516 CLEVELAND AVENUE				d. STREET ADDRESS (If rural, give location) 6828 MONROE AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE		b. (Middle) BELL		c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) MARCH-16-1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 1877 JAN.-16-1877	
9. AGE (In years last birthday) 72 YRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM B. ARNOLD		13b. MOTHER'S MAIDEN NAME ELIZABETH BROWNFIELD		14. NAME OF HUSBAND OR WIFE MAURICE P. SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ELIZABETH WEAVER 2516 CLEVELAND AVENUE KANSAS CITY MO.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Carcinoma ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X			
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)		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) m.		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 DEPT., 1948, to 3-16, 1949, that I last saw the deceased alive on 3-16, 1949, and that death occurred at 4:35 P.M., from the causes and on the date stated above.							
23a. SIGNATURE R. S. Long (Degree or title)		23b. ADDRESS 4800 E. 24th St. K.C. Mo.		23c. DATE SIGNED 3-17-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR-19-1949		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY KANSAS CITY, MISSOURI		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 3-19-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons 1408 BRUSH CREEK DR. KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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.