

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 8621  
1070

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 1070
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. CITY (If outside corporate limits, write RURAL and give township) Kansas City		
c. LENGTH OF STAY (in this place) 15 months		d. STREET ADDRESS (If rural, give location) 3512 East 43rd Street.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3512 East 43rd Street		d. STREET ADDRESS (If rural, give location) 3512 East 43rd Street.		
3. NAME OF DECEASED (Type or Print) a. (First) Willie		b. (Middle) Aedenia		c. (Last) Smith
4. DATE OF DEATH March 7, 1949		5. SEX Female		
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov. 26th 1863
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Carrollton Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John William Crank.		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Arthur Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME RUBY MYERS 13512 E. 43rd St. N.E. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 6 YRS - DUE TO (c) CORONARY - SCLEROSIS - 4 YRS -		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decalitic ulcers - Gluteal Region 14 DAYS		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		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 JAN 23, 1949, to 7 MAR, 1949, that I last saw the deceased alive on 4 MAR, 1949, and that death occurred at 3:25 P.M., from the causes and on the date stated above.				
23a. SIGNATURE James W. Downey (Degree or title)		23b. ADDRESS 800 ARMY AVE Bldg - K.C. Mo.		23c. DATE SIGNED 7 MAR 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 7, 1949		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery Carrollton Mo.
24d. LOCATION (City, town, or county) (State) Carrollton Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home Carrollton Mo.		
DATE REC'D BY LOCAL REG. 3-8-49		REGISTRAR'S SIGNATURE Geraldine Holmes		

(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 myself

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton Missouri

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.