

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

12686

1382

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>11 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		99 9 1 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>3912 FISHER ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MRS. HENRIETTA MARY</u> b. (Middle) <u>SMITH</u> c. (Last) <u>SMITH</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 25-1949</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT-26-1881</u>	
9. AGE (in years last birthday) <u>67</u>		10. MONTHS <u>5</u>		11. DAYS <u>29</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY ZIEGELMEYER</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE REBAULT</u>		14. NAME OF HUSBAND OR WIFE <u>EDWARD HENRY SMITH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Marguerite Pray, N.C.K.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis from</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>rupture of ulcer of colon</u> DUE TO (c) <u>Cause of ulcer unknown (acute)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>578X</u>		20. AUTOPSY? YES ☒ NO ☐			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/14</u> , 19 <u>49</u> , to <u>3/25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/26</u> , 19 <u>49</u> , and that death occurred at <u>1 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edmond D. Carrier, M.D.</u>				23b. ADDRESS <u>242 Plaza Med. Bldg., K.C. Mo.</u>		23c. DATE SIGNED <u>3-26-49</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 28 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SHAWNEE, KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>3-26-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomer's Sons</u>		ADDRESS <u>1401-BRUSH CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-5:300

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.

Student

Student Embalmer

Signed

Robert Ray

Licensed Embalmer No. *4182*

P. O. Address *Kansas City, Mo.*

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.