

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12688

1440

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> 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>42 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>1413 East 16th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JUANITA</u> b. (Middle) _____ c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21 1949</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, REMARRIED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 9 1879</u>		9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY HARDY</u>		13b. MOTHER'S MAIDEN NAME <u>LAVENIA</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LULA THOMAS</u>	
18. ADDRESS <u>1413 East 16th Street</u>		19. 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DIABETES MELLITUS</u> <u>DECUBITUS ULCERS</u> <u>POST OPERATIVE AMPUTATION RT THIGH</u> ANTECEDENT CAUSES Morbid 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. <u>260*</u>		INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION <u>2/21/49</u>		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____		21e. (STATE) _____		21f. HOW DID INJURY OCCUR?	
21g. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21h. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>12/14/1948</u> , to <u>3/21/1949</u> ; that I last saw the deceased alive on <u>3/21/1949</u> , and that death occurred at <u>9:45P</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>[Signature]</u> (Degree or title)	
23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>3/22/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 30</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) <u>Kansas City Mo</u>		24e. (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
25. ADDRESS <u>R. E. Mo.</u>		26. DATE REC'D BY LOCAL REG. <u>3-30-49</u>		27. REGISTRAR'S SIGNATURE <u>[Signature]</u>		28. (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 and

Napoleon Jordan
working under my personal supervision.

Student Embalmer No. 267

Signed Napoleon Jordan
Student Embalmer

Signed C. F. West

Licensed Embalmer No. 2710

P. O. Address 17 E. 7th

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.