

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12689**
1555

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

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 18 Months		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1120 Norton Ave., K.C. Mo.				d. STREET ADDRESS (If rural, give location) 1354 Kimball Avenue			
3. NAME OF DECEASED (Type or Print) Laura		a. (First)		b. (Middle) J.		c. (Last) Smith	
4. DATE OF DEATH April 6 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 25, 1857		9. AGE (In years last birthday) 91-6	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Brussels Belgium		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Louis Gaes		13b. MOTHER'S MAIDEN NAME Catherine Frunkel	
14. NAME OF HUSBAND OR WIFE Nicholas M. Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nick Smith, 1354 Kimball Ave., K.C.K.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Grascho pneumonia None ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No 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)		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 <u>April 1</u> , 19 <u>49</u> , to <u>April 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>April 6</u> , 19 <u>49</u> , and that death occurred at <u>4</u> P. m., from the causes and on the date stated above.							
23a. SIGNATURE M. J. OWENS M.D. (Name of title)				23b. ADDRESS 1034 Kault Blvd Kansas		23c. DATE SIGNED Apr. 7/49	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Bridget's Cemetery		24d. LOCATION (City, town, or county) (State) Scanmon, Kansas	
DATE REC'D BY LOCAL REG. 4-7-49		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. A. Butler's Sons, 22 So. 18th. K.C.K.			

STATEMENT BY LICENSED EMBALMER

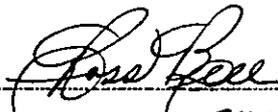
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3426 Mo

P. O. Address Kansas City 2, Kansas

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.