

FILED MAY 3 1949

STANDARD CERTIFICATE OF DEATH

12690

State File No. 1783

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>1783</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
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>48 YRS</u>		a. STATE <u>MISSOURI</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>48 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		b. COUNTY <u>JACKSON</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6405 EAST 37th STREET</u>				d. STREET ADDRESS (If rural, give location) <u>6405 EAST 37th ST.</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>LAWRENCE</u>			b. (Middle) <u>EDWARD</u>		
			c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 21 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH (last birthday) <u>DEC. 17 1888</u>		
9. AGE (in years) <u>60</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>GEN. MAINTENANCE</u>		11. BIRTHPLACE (State or foreign country) <u>DEEFATER, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>GEN. MAINTENANCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LEADS HOSPITAL</u>		11. BIRTHPLACE (State or foreign country) <u>DEEFATER, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>SYLVESTER SMITH</u>			13b. MOTHER'S MAIDEN NAME <u>PARTHIENA WOODY</u>			14. NAME OF HUSBAND OR WIFE <u>MARY 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>509-16-2135</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARY SMITH, 6405 E. 37th, K.C. Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>					<u>24 hours</u>	
		ANTECEDENT CAUSES						
		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) <u>lobar Pneumonia</u>					<u>3 days</u>	
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death.					<u>490x</u>	
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)		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 19, 1949</u> , to <u>April 20, 1949</u> , that I last saw the deceased alive on <u>April 21, 1949</u> , and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Carl T. Moore</u>			23b. ADDRESS <u>6425 E 37th K.C. 3, Mo</u>		23c. DATE SIGNED <u>4-22-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>4-22-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomers Sons, K.C., Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0425
11/11/11
C.2
5760

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 _____

DOYLE L. DANIEL

Student Embalmer No. 798

working under my personal supervision.

Student *Doyle L. Daniel*
Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. 4452

P. O. Address *K. C. 4 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.