

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30314

3653

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3653</u>		
1. PLACE OF DEATH <u>K.C. TB Hospital</u> a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. 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>W.P.E.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		32-5		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City TB Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2040 E. 19th St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret Smith</u> b. (Middle) <u>Henderson</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21 1949</u>					
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>3 Colord</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married?</u>		8. DATE OF BIRTH <u>March 10 1930</u>		
9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harold Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Hoarn</u>			14. NAME OF HUSBAND OR WIFE <u>Ernest Henderson</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>K.C. TB Hospital Keed's Missouri</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>Pulmonary TB</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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>6-16-1</u> , 19 <u>49</u> , to <u>8-21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-21</u> , 19 <u>49</u> , and that death occurred at <u>9:52 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>G. K. Landis</u> <u>B. K. Landis, M.D. (C)</u>			23b. ADDRESS <u>K.C.P. B. Hoop</u>			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-25-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Sterling Bills 1212 Pine</u>			

(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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed.....

E. Stehling Bell

Licensed Embalmer No.

P. O. Address

23178
1212 Ave

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.