

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16951**  
**2230**  
Registrar's No. **2230**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>		d. STREET ADDRESS (If rural, give location) <b>1916 East 14th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ADA</b> b. (Middle) c. (Last) <b>SMITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 11 1950</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>SEPTEMBER 25 1892</b>		9. AGE (In years last birthday) <b>57</b>		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		

13a. FATHER'S NAME <b>HENRY MASTERTSON</b>		13b. MOTHER'S MAIDEN NAME <b>SIDNEY</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HATTIE WEIR 1715 Lydia Avenue</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of left hip</b> (SURGICAL MANIPULATION OF FRACTURE) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>acidosis</b> DUE TO (c) <b>diabetes mellitus</b>				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS <b>FATTY URETA OF LIVER</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIOLE &amp; ARTERIOLAR NEPHROSCLEROSIS WITH TOXIC NEPHROSIS</b>				<b>26 1/2</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>FLOOR AT HOME</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>KANSAS CITY JACKSON MISSOURI</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>APRIL 24 1950 8 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Had blind staggers and fell on left hip</b>	
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22. I hereby certify that I attended the deceased from 4-24-, 19 50, to 5-11-, 19 50, that I last saw the deceased alive on 5-11-, 19 50, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>F. Frank Ellis MD</b>		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>5-16-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>May 16/1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>5-16-50</b>		REGISTRAR'S SIGNATURE <b>Maldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Bros 1729 Lydia</b>	
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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.....

Signed.....

*Bruce R Watkins*

Signed.....

Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *2506 Benton*

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.