

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11002**

FILED JAN 3 1951

5237

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5237</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place township) 25 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 2618 Agnes			
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Provident				3. NAME OF DECEASED a. (First) Bruce b. (Middle) Smith c. (Last) Smith					
4. DATE OF DEATH Dec. 9, 1950		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Sept. 5, 1900		9. AGE (In years last birthday) 50		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Palestine, Texas		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Femmie Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT		16. SOCIAL SECURITY NO. 496-10-9220		17. INFORMANT'S SIGNATURE OR NAME Femmie Smith ADDRESS 2618 Agnes			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular Disease DUE TO (c) Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 44 3/4	
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>12-4-50</u> to <u>12-9-50</u> , that I last saw the deceased alive on <u>12-9-50</u> , and that death occurred at <u>5 p.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE Royce B. Fleming M.D.				23b. ADDRESS 1433 E-19th St		23c. DATE SIGNED 12-11-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/14/50		24c. NAME OF CEMETERY OR CREMATORY Leavenworth, Kansas		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 12-12-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. 1729 Lydia ADDRESS					

(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.....

Signed.....
J. James Manlove

Signed.....
Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.