

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27187**
3539

FILED SEP 1 1951

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Leeds, KANSAS CITY
c. LENGTH OF STAY (In this place) 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kansas City Tuberculosis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 3429 Campbell - 0

3. NAME OF DECEASED
a. (First) Jessie b. (Middle) Althea c. (Last) Smarr

4. DATE OF DEATH (Month) (Day) (Year)
Aug 16 - 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH May 8 - 1927 9. AGE (In years last birthday) 24 29 Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator 10b. KIND OF BUSINESS OR INDUSTRY Temple Bldg.

11. BIRTHPLACE (State or foreign country) Kans, Kansas 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Joseph Smarr

13b. MOTHER'S MAIDEN NAME Althea Rippey

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 445-30-9749

17. INFORMANT'S SIGNATURE OR NAME Kansas City Tuberculosis Hosp. Kas. City - Mo ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far advanced Pulmonary Tuberculosis
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. Diabetes

INTERVAL BETWEEN ONSET AND DEATH
0 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb 12 1949, to Aug 16, 1951, that I last saw the deceased alive on Aug 16, 1951, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altman M.D. (Name or title)

23b. ADDRESS Kas. City Tuberculosis Hosp.

23c. DATE SIGNED 8-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/18/51

24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah

24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 8-18-51 (Seraldine) Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gates Federal Home N.C.N.

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Jimmy S. Heckscher*

Licensed Embalmer No. *4092*

P. O. Address *Union, 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.