

No. 300
10-48

2420

STANDARD CERTIFICATE OF DEATH

State File No. **4347**

DECEASED **WAR 10 1952**

BIRTH NO. _____ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City	
c. LENGTH OF STAY (In this place) 1 yr., 25 days		d. STREET ADDRESS (If rural, give location) 811 North 13th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) --- c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) March 1 1952			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 6, 1894	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (State or foreign country) Memphis, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Aaron Smith		13b. MOTHER'S MAIDEN NAME Ida Mausers		14. NAME OF HUSBAND OR WIFE Wife, Beatrice Smith	
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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) Yes World War I		16. SOCIAL SECURITY NO. 510261290		17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation of Heart, right		ANTECEDENT CAUSES Broncho-pneumonia, confluent				approx. 2 hrs.	
DUE TO (b) Pulmonary Tuberculosis, far advanced		DUE TO (c) active				" 5 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						Unknown	

19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION 002X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) ---	
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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? ---	
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22. I hereby certify that I attended the deceased from **Feb. 5, 1951**, to **March 1, 1952**, that I last saw the deceased alive on **March 1, 1952**, and that death occurred at **2:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Bailey (Degree or title) M.D.		23b. ADDRESS Veterans Adm. Hospital, Excelsior Springs, Mo.		23c. DATE SIGNED 3-1-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-2-52		24c. NAME OF CEMETERY OR CREMATORY Davis Fun Home		24d. LOCATION (City, town, or county) (State) Leavenworth, Kans.	
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DATE REC'D BY LOCAL REG. 3/2/52		REGISTRAR'S SIGNATURE Caroline Hittchings		25. FUNERAL DIRECTOR'S SIGNATURE De Moss Crunk		ADDRESS Cameron, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RS& JPB

MS
APR 4
1960

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

Harold L. Walker

Signed.....
Student Embalmer

Licensed Embalmer No. *4588*

P. O. Address *Lathrop 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.