

FILED FEB 16 1952.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5260

546

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>WYANDOTTE</u>			
b. CITY (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)			
OR TOWN <u>Kansas City</u>		<u>3 WKS</u>		OR TOWN <u>Kansas City</u>		<u>91508</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1315 S. 4I</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora Elizabeth</u> b. (Middle) <u>Smith</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>I-3I-52</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-22-1894</u>	9. AGE (In years, day, month, hours, minutes) <u>56</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Doniphan Co. Ks.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Chas. Knight</u>			13b. MOTHER'S MAIDEN NAME <u>Myrtle Certain</u>			14. NAME OF HUSBAND OR WIFE <u>Fred A. Smith</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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred A. Smith 1315 S. 4I KCK</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (b.) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>(a) Embolus miltaria</u> DUE TO (c) <u>Pulmonary embolism, multiple</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u> <u>20 days</u> <u>indef.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) <u>331</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>8 July, 1952</u> , to <u>31 Jan, 1952</u> , that I last saw the deceased alive on <u>31 Jan, 1952</u> , and that death occurred at <u>7:05 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. G. Neighbor</u> (Degree or title)				23b. ADDRESS <u>3617 Johnson Ave</u>		23c. DATE SIGNED <u>2 Feb 52</u>	
24a. BURIAL CREMATION: REMOVED (Specify) <u>Burial</u>		24b. DATE <u>2-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>K.C.Ks.</u>	
DATE REC'D BY LOCAL REG. <u>2-4-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Simmons</u>		ADDRESS <u>K.C.K.</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.....

Signed.....

*Donan H. James*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4828*

P. O. Address *H. C. 11*

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.