

FILED APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8682

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 129

0485

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

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 township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3 Rural - Blue	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) 10057 Wilson Rd. 0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium & Hospital			

3. NAME OF DECEASED (Type or Print) Mamie M Smith			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH March 25, 1952				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct. 19, 1881		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY self employed				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME John J. Groeninger			13b. MOTHER'S MAIDEN NAME Katherine Huber			14. NAME OF HUSBAND OR WIFE Edw. J. Smith (deceased)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME John E. Smith			ADDRESS Independence, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH 3 days	
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia									
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Chronic Nephritis									
		DUE TO (c) Hypertension and Chronic Myocarditis									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X								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) m.		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 _____, 1947, to March 25, 1952, that I last saw the deceased alive on Mar 20, 1952, and that death occurred at 9:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. W. Labal MA		23b. ADDRESS 1210 Oak Independence, Mo.		23c. DATE SIGNED 3-27-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-28-1952		24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S	
24d. LOCATION (City, town, or county) KANSAS CITY, MO.		24e. DATE REC'D BY LOCAL REG. 3-28-52		24f. REGISTRAR'S SIGNATURE (Signature) 354	
24g. FUNERAL DIRECTOR'S SIGNATURE (Signature)		24h. ADDRESS Independence, Mo.			

APR 2 RECD

MAY 24 1955

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Indy, 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.