

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33540**
4671

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|---|---|--|---|---|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | PRIMARY REG. DIST. NO. <u>1002</u> | Registrar's No. <u>4671</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>clay</u> | | |
| b. CITY OR TOWN <u>Kansas city mo</u> | c. LENGTH OF STAY (In this place) <u>1 week</u> | c. CITY OR TOWN <u>Kansas city north</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4343 oak st</u> | | e. STREET ADDRESS (If rural, give location) <u>5342 N Kensington</u> | | |
| 3. NAME OF DECEASED (Type or Print) <u>Mrs Alice</u> | | a. (First) <u>O</u> | b. (Middle) <u>Smith</u> | c. (Last) <u>Smith</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>October 29 1955</u> | 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>9-22-1914</u> |
| 9. AGE (In years last birthday) <u>41</u> | IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> | IF UNDER 1 YEAR Hours <u>-</u> Min. <u>-</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | |
| 13a. FATHER'S NAME <u>Roy Laskring</u> | 13b. MOTHER'S MAIDEN NAME <u>Louise Hirsman</u> | 14. NAME OF HUSBAND OR WIFE <u>Everett H. Smith</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Everett H. Smith</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound of head</u> | | ANTECEDENT CAUSES | | E 360 19 |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | Morbidity 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. | | |
| 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) <u>Suicide?</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at car</u> | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Southern</u> (COUNTY) <u>Jackson</u> (STATE) <u>mo</u> | | |
| 21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) <u>10-29-55 11:26</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>apparently shot himself</u> | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE. <u>Geo. C. Keelhofer</u> (Degree or title) <u>3</u> | | 23b. ADDRESS <u>6627 Pershing St. S. Mo</u> | | 23c. DATE SIGNED <u>10-30-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>10-31-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u> | 24d. LOCATION (City, town, or county) (State) <u>Washington Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>10-30-55</u> | REGISTRAR'S SIGNATURE <u>neva munshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wernall</u> ADDRESS <u>Funeral Home K.C. Mo</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.....
Signature of Student Embalmer

Signed *Russell N. Fran*

Licensed Embalmer No. *42*

P. O. Address *KC Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.