

Health, Welfare & Public Service

300  
1-57

All diseases in Part I must be causally related.

W.R. Peterson, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

248381  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3252

**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, give TOWNSHIP only) Inside Limits  
OR **Kansas City** Yes  No

c. CITY OR TOWN **Kansas City** Inside Limits  
Yes  No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb  
HOSPITAL OR INSTITUTION **General #2** **66 yrs.**

d. STREET ADDRESS (If outside, give location) Residence on Farm  
**1309 Lydia** Yes  No

**3. NAME OF DECEASED** First Middle Last  
**Edna B. Smith**

**4. DATE OF DEATH** Month Day Year  
**July 8, 1957**

**5. SEX** **Female** **6. COLOR OR RACE** **Negro**

**7. MARRIED**  NEVER MARRIED   
**WIDOWED**  **DIVORCED**

**8. DATE OF BIRTH** **Dec. 19 1890**

**9. AGE** (In years last birthday) **66 yrs.** **FUNDER 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) **House Wife**

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and state or country) **Kansas City, Missouri**

**12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **Thronton Boone**

**13b. MOTHER'S MAIDEN NAME** **Carræ Lay**

**14. NAME OF HUSBAND OR WIFE** **Eed Smith**

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

**16. SOCIAL SECURITY NO.** **None**

**17. INFORMANT** **Gertrude Maddox** Address **2301 E. 14th St.**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Congestive heart failure.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH **4341**

**19. WAS AUTOPSY PERFORMED?** YES  NO

**20a. ACCIDENT**  **SUICIDE**  **HOMICIDE**

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour Month, Day, Year  
a.m. p.m.

**20d. INJURY OCCURRED WHILE AT**  NOT WHILE WORK  **AT WORK**

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21. I attended the deceased from** **July 8, 1957** to **July 8, 1957** and last saw her/him alive on **July 8, 1957**  
Death occurred at **4:50 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) **W.R. Peterson M.D.**

**22b. ADDRESS** **600 E. 22nd St.**

**22c. DATE SIGNED** **7-11-57**

**23a. BURIAL, CREMATION, REMOVAL (Specify)** **Burial**

**23b. DATE** **7 - 12 - 1957**

**23c. NAME OF CEMETERY OR CREMATORY** **Highland Cemetery**

**23d. LOCATION** (City, town, or county) (State) **Kansas City, Missouri**

**24. FUNERAL DIRECTOR** ADDRESS **W. C. Davis**

**25. DATE RECD. BY LOCAL REG.** **7-12-57**

**26. REGISTRAR'S SIGNATURE** **Neve Marshall**

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 *Lewis H. Jackson*  
Licensed Embalmer No. *4850*  
P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.