

REC'D NOV 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34515

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100
(c) City Kansas City, Mo. (d) Street No. 3209 Highland Avenue, K. C. Mo. Registered No. 3851 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

530 Vera Smith,
(a) Residence, No. 3209 Highland, K.C. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18th, -1895
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 5 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Edward Benjamin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER 15. MAIDEN NAME Willetta Stoffer,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna

17. INFORMANT Willetta Benjamin
(ADDRESS) 3209 Highland, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn Cem. DATE October 3, 1938

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster.
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED Gen 3 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-2-38 1938, to Sept 30 1938

I last saw her alive on Sept. 30 1938. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

chronic interstitial Date of onset 11/2/35

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 1938

Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Arthur H. Thomas, M. D.

(Address) 806 Riado Bldg

WRITE PLAINLY, WITH CARE AND INK. THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Hoffman,
Rialto Bldg.,
Victor 2966
Between 3 and 5
Leave and Pick up this P.M.

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.