

Registration District No. 399

Primary Registration District No. 100

Registrar's No. 4450

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution General Hospital #2
(d) Length of stay: In hospital or institution 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 618 Cottage Lane

3. (a) PRINT FULL NAME Minnie Smith 530
(b) If veteran name war
(c) Social Security No. none

20. DATE OF DEATH, Month 11 day 19 year 1939 hour 8 PM minute M.

4. Sex female 5. Color of race Negro
(b) Name of husband or wife George Smith
6. (a) Single, widowed, married, divorced, married
(c) Age of husband or wife if alive 63 years
7. Birth date of deceased about 1897

21. I hereby certify that I attended the deceased from 11-19-39 to 11-19-39
that I last saw her alive on 11-19-39 and that death occurred on the date and hour stated above.
Immediate cause of death Acute myocarditis

8. AGE: Years 47 Months Days If less than one day hr. min.

Due to Acute myocarditis

9. Birthplace Leosoma Miss (City, town, or county) (State or foreign country)

Due to 930

10. Usual occupation Housewife

Other conditions none

11. Industry or business None

Major findings: Of operations none

MOTHER FATHER { 12. Name Unknown 9
18. Birthplace Unknown 7 (City, town, or county) (State or foreign country)

Of autopsy (none)

MOTHER FATHER { 14. Maiden name Unknown 1
15. Birthplace Unknown 1 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
(b) Address George Smith 618 Cottage Lane

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none, none, none

17. (a) Blue Ridge Masonry Co. (b) Date thereof 11-24-39
(c) Place: burial or cremation Blue Ridge Masonry Co.

(b) Date of occurrence none, none, none
(c) Where did injury occur? none, none, none (City or town) (County) (State)

18. (a) Signature of funeral director
(b) Address 1905 Lind Street

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none, none, none (Specify type of place) (a) Means of injury none

19. (a) Nov 21 1939 (b) M. M. O'Connell
(Date received local registrar) (Registrar's signature)

23. Signature Henry B. O'Connell (a. D. or other)
Address 1605 - 70 - 14 Date signed 11-20-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1-10951

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

C. H. Nest,

Licensed Embalmer No. *2710*

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 this body is not embalmed, above space should be left blank.