

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.

FILED JAN 8 1941

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

41232  
Do not use this space.

1. PLACE OF DEATH 2

(a) County Jackson 0 Registration District No. ....

(b) Township Kaw Primary Registration District No. .... Registered No. 1625

(c) City Kansas City (d) Street No. 2218 Prospect 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 Nelvia S. Smith (Nelvia Smith)

(a) Residence, No. 2218 Prospect St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1895

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day	hrs.	min.
<u>45</u>	<u>19</u>	<u>24</u>			

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. ....

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) Little Rock Ark

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Charles S. Smith 2218 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluff Ridge DATE 12-4 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Boyle Bros 1708 Tracy

20. FILED 12-4-40 19... H. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1940 to Nov 30 1940

I last saw her alive on Nov 29 1940 Death is said to have occurred on the date stated above, at ..... m.

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

Chronic Nephritis Date of onset 121

Other contributory causes of importance: .....

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
Nature of injury ..... 1

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) P. P. Richardson M. D.  
(Address) 1832 Vme

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**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

*B. C. Graham*

Licensed Embalmer No. *2540*

P. O. Address *2208 Vine St*

**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.**