

FILED JAN 17 1940

State File No.

Registration District No. 1600

Primary Registration District No. 5553B

Registrar's No. 200

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Revere Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home for the aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 mo.  
(Specify whether  
In this community 3  
years, months or days)

8. (a) PRINT FULL NAME EMMA SMITH

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 3 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name no record

13. Birthplace no record  
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record  
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. McEnty

(b) Address Little Blue mo

17. (a) Burial (b) Date thereof 11/17/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) 11-12-40 (b) James S. Barnes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town 1009 So. Pope  
(If outside city or town limits, write "RURAL")  
(d) Street No. Independence, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Don't know years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8  
year 1940 hour 4:20 P.M. - M.

21. I hereby certify that I attended the deceased from 8-1-40  
to 8-40 1940;  
that I last saw him alive on Nov 8-40 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Myocarditis

Due to \_\_\_\_\_

Other conditions. ABC  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

93  
While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature W. J. McEnty (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed Nov 8-40

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

8

RECEIVED

Jackson County Health Dept,

County File Number.....

Date Filed .....

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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.....

*Ralph E. Miller*

Licensed Embalmer No. *4124*

P. O. Address *Indy 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.**