

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5956

State File No. _____

COPIED MAR 14 1941
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 728

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11/11/40 18 Days
(Specify whether)

In this community 35 Yrs.
years, months or days

3. (a) PRINT FULL NAME Mrs. Lucy Ophelia Smith

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Mr. W. L. Smith 6. (c) Age of husband or wife if alive 1872 years

7. Birth date of deceased Oct. 28
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>3</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Blue Springs, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name J. K. Reid

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Matilda A. Cave

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant W. L. Smith

(b) Address 6626 Wabash

17. (a) Burial (b) Date thereof Feb. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs, Mo.

18. (a) Signature of funeral director O. K. Newsome's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/18/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 1/P

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 6626 Wabash Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18th
year 1941 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Oct 21, 1940, to Feb. 18, 1941,
that I last saw her alive on Feb. 18, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - involving both lungs. 4 months.

Due to Diseased Gall-Bladder (x-ray).

Due to May have been primary source of cancer.

Other conditions ---
(Include pregnancy within 3 months of death)

Major findings: ---

Of operations ---

Of autopsy ---

PHYSICIAN ---
Underline the cause to which death should be charged statistically.

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? 3/1

(Specify type of place) _____

While at work? _____ (e) Means of injury ---

23. Signature T. H. Wilkinson (M. D. or other) M.D.

Address 1103 Grand Ave Date signed 2/18/41

1338
1:30-4:30

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 George M. Collier
Licensed Embalmer No. 3839
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, fact should be so stated above.