

S. No. 2
A-1-4-41
7. 5-17-39
X26390

FILED APR 15 1941

Registration District No. 79

Primary Registration District No. 1002

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-26-41-2-26-41
41 years (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2006 Summitt 8
(If rural, give location)
(e) Citizen of foreign country? () (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joanna Smith

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harvey Smith 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased 7 23 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Memphis / Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Albert Richardson

13. Birthplace _____ / Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Peggy Ann Partlow

15. Birthplace _____ / Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof March 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery R.C.P.

18. (a) Signature of funeral director Fannie M. Cook

(b) Address 1707 E. 18th St.

19. (a) 3/1/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26
year 41 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from 2-26- 19 41,
2-26- 19 41,
that I last saw her alive on 2-26- 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to Diabetic Acidosis with Coma

Due to _____
Other conditions 10/1
(Include pregnancy within 3 months of death)

Major findings: 61
Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. O. Quinnes (M. D. or other) _____
Address Gen. Hosp. #2 Date signed 2-27-41

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 *Fannie L. Meep*
Licensed Embalmer No. *3818*
P. O. Address *1707 C. 18th*

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.