

No. 2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9865

Registration District No. 399

Primary Registration District No. 1002

State File No.

Registrar's No. 1274

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: Trinity Lutheran Hospital, D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week,
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 499
(a) State Kansas, (b) County 14
(c) City or town Rosehill, 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Mrs. Olivia Smith,

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month March day 30th,
year 1941 hour 3:20 minute P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Reuben Smith
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased February 19, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-24-41
1941 to 3-30 1941;
that I last saw her alive on 3-30 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema
(hypostatic pneumonia) 8 days
Chol. myocarditis,
hypertension.

8. AGE: Years Months Days If less than one day
77 1 11 hr. _____ min.

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

9. Birthplace Denmark 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER { 12. Name Neilson, Jensen
13. Birthplace Denmark 4
(City, town, or county) (State or foreign country)
14. Maiden name Marie Sonne
15. Birthplace Denmark 4
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Herman H. Smith,
(b) Address 3253 Main St., Kansas City, Mo.

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

17. (a) Removal, (b) Date thereof 3-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fort Scott, Kansas.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

23. Signature Ford H. Downey (M. D. or other) _____
Address 616 S. 13th St. Date signed 3-31-41.

19. (a) 3/31/41 (b) M. M. Crowe
(Date of civil registrar) (Registrar's signature)

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

Dr. Ford Lowery,
10:00 A. M.
Lathrop Bldg.

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: *Felix Benz*
Licensed Embalmer No. *OH 127*
P. O. Address *Kansas City,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.