

FILED AUG 10 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H. C. Sun Hosp
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 6 days
In this community 30 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1412 Coldest
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) _____
If yes name country _____

3. (a) PRINT FULL NAME

Saula Beulah Smith

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex F

5. Color or race N

6. (a) Single, widowed, married, divorced div

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7 - 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name W F Smith

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

14. Maiden name Beulah Nickles

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

16. (a) Informant Richard Clark

(b) Address H. C. Sun Hosp

17. (a) Removal (b) Date thereof 7-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington MO

18. (a) Signature of funeral director Wm A. Brown

(b) Address City, Missouri

19. (a) 7-6-41 (b) M. M. Crow
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day July
year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 30 - 1941 to July 6 - 1941, 1941, that I last saw him alive on July 6 - 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital Syphilis
Due to Pneumonia Alba.

Due to _____
Other conditions: 307
(Include pregnancy within 3 months of death)

Major findings: Of operations 307
Of autopsy Congenital Syphilis

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? _____

(Specify type of place) While at work? (c) Means of injury _____
23. Signature Dr. Wm. R. Thom (M.D. or other) _____
Address and H. C. Sun Hosp Date signed _____

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

48
3
8

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.