

FILLED OCT 13 1941

Registration District No. 299

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Jackson  
(c) Name of hospital or institution: 1712 Tracy none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community 10 years  
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 limit, write "RURAL")  
(d) Street No. 1606 Charlatt  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WM R SMITH

3. (b) If veteran, name war no 3. (c) Social Security No. 496-09-057

4. Sex male 2' 5. Color or race bal  
6. (a) ~~Single~~ married  
6. (b) Name of husband or wife wife 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased. 4 (Month) 4 (Day) 1890 (Year)

8. AGE: Years 51 Months 04 Days 28 If less than one day  
hr. — min. —

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

10. Usual occupation labor  
11. Industry or business WPA

MOTHER FATHER  
12. Name Wont no  
13. Birthplace Wont no 9 (State or foreign country)  
14. Maiden name Wont no  
15. Birthplace Wont no 9 (State or foreign country)

16. (a) Informant Ella Smith  
(b) Address 1606 Charlatt  
17. (a) Burial (b) Date thereof 9-6-41  
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Brazley-Brown  
(b) Address 1708  
19. (a) 9/3/41 (b) M. M. Crane  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31 year 1941 hour 12 minute 15 M.  
21. I hereby certify that I examined the deceased from 12:15 a. to 12:15 a. and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction of the heart  
Due to hypertensive arteriosclerosis and aortic atherosclerosis  
Other conditions valvulitis  
Major findings: 3/15  
Of operations 30  
Of autopsy 30

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) \_\_\_\_\_ (Specify cause of injury)  
23. Signature W. M. Crane (M. D. or other) 3  
Address K.C. Mo Date signed \_\_\_\_\_

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

me

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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 *A. Harris*  
Licensed Embalmer No. 3388  
P. O. Address K.C. 240

**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.**