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K25390

FILED NOV 13 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3842**

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:
2436 Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 years** / (Specify whether years, months or days)

In this community **15 years** / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**

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

(d) Street No. **2436 Campbell**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Smith**

3. (b) If veteran name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color **Col** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Darkes Smith** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Unknown** **1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months _____ Days _____ If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **11**
year **1941** hour **1** minute **A.** M.

21. I hereby certify that I attended the deceased from **Sept 30th** 1941 to **Oct 11** 1941
that I last saw him alive on **Oct 10** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death **arterial aneurysm** Duration 1941

Due to _____

Due to _____

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

9. Birthplace **Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation **Common Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**

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

14. Maiden name **Letha**

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

16. (a) Informant **Emma Chapman**

(b) Address **2436 Campbell**

17. (a) **removal** (b) Date thereof **10/14/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jonesboro Arkansas**

18. (a) Signature of funeral director **Hatchers Bros**

(b) Address **1729 Lydia**

19. (a) **10/14/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **none**

Of autopsy **none**

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 **D. J. Guggenheim** (M.D. **10/13/41**)
Address **2207 E 18** Date signed **10/13/41**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 the above constitutes grounds for revocation of license.)

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