No. 2
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17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33977

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3917

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
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 Day 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 054

(c) City or town Higginsville 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -- 1

3. (a) PRINT FULL NAME Miss Grace Carolyn Smith

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife -- --

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

7. Birth date of deceased March (Month) 14 (Day) 1919 (Year)

8. AGE:

Years	Months	Days	If less than one day
22	7	6	hr. min.

9. Birthplace Tuckerman (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Primary Taecher

11. Industry or business Emerson School-Higginsville, Mo.

FATHER
12. Name Ralph J. Smith, Sr.
13. Birthplace Tuckerman (City, town, or county) Arkansas (State or foreign country) 1

MOTHER
14. Maiden name Carrie Lindley
15. Birthplace Tuckerman (City, town, or county) Arkansas (State or foreign country) 1

16. (a) Informant Mrs. Dan Dowell

(b) Address Higginsville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Newport, Arkansas

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10/20/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 19, 1941 to Oct. 20, 1941 that I last saw her alive on Oct. 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Hypertensive Heart Disease

Due to Chronic active Pyelonephritis

Other conditions 93 D
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

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? (e) Means of injury

23. Signature L. L. Milne by R. O. Gale M.D. (M.D. or other)

Address Professional Bldg. R.C. Mo. Date signed 10/20/40

(Licensed Embalmer's Statement on Reverse Side)

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.....C. Hervey Quisen

Licensed Embalmer No.....4070

P. O. Address.....N. C. 1010

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.