

FILED FEB 11 1942

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

144

Registration District No. 379

Primary Registration District No. 1002

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

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 K.C. General Hospital No. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 225 East 33rd St.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEVA SMITHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th  
 year 1942 hour 10 minute 50 P. M.

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

21. I hereby certify that I attended the deceased from 12-27-41 19\_\_\_\_ to 1-9-42 19\_\_\_\_;  
 that I last saw her alive on 1-9-42 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

Duration \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death  
acute coronary occlusion; pulmonary edema

7. Birth date of deceased June 25, 1876  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

Due to Post operative repair of ventral hernia

9. Birthplace Platte co. Missouri  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation Home nursing

Other conditions 1220  
 (Include pregnancy within 3 months of death)

11. Industry or business None

Major findings:  
 Of operations \_\_\_\_\_

12. Name Benjamin H. Smither

Of autopsy See above  
1220

13. Birthplace Platte co. Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Phrockmorton

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

16. (a) Informant William Smither  
 (b) Address New Market Mo

17. (a) Burial (b) Date thereof Jan 12-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Arthur Davis  
 (b) Address Southern Mo.

19. (a) 1-12-42 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

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 Dr. R. Thoma (M. D. or other)  
 Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

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 William Davis

Licensed Embalmer No. 4160

P. O. Address Dearbon Mo.

**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.**