

FILED JUN 11 1943 99

Registration District No. **3**

Primary Registration District No. **1002**

Registrar's No. **2211**

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:
4502 Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **1 year**
(Specify whether 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. **4502 Main**
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME **ALBERT S SMITH**

3. (b) If veteran, name war: **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widower**

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: **March 29 1862**
(Month) (Day) (Year)

8. AGE: Years **80** Months **2** Days **3** If less than one day: _____ hr. _____ min.

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

10. Usual occupation: **Retired Broker--Stocks & Bonds**

11. Industry or business: _____

12. Name: **Hampton Smith**

13. Birthplace: **Columbia South Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name: **Ann Gertrude Runnels**

15. Birthplace: **San Marcos Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Hampton S Smith**

(b) Address: **4502 Main St**

17. (a) **Cremation** (b) Date thereof: **June 4 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Elnwood Cemetery**

18. (a) Signature of funeral director: **Quirk & Sobin**

(b) Address: **20 West Linwood**

19. (a) **6-4-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2nd** day **June** year **1942** hour **9:05** minute **P** M.

21. I hereby certify that I attended the deceased from **June 1st** 1942 to **June 3rd** 1942 that I last saw him alive on **June 2** 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis** Duration **3 Days**

Due to: **Myocardial Decomposition**

Due to: **General Arterio sclerosis** several years

Other conditions: **95K**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: **no**

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? _____

While at work? _____
(Specify type of place)
(e) Means of injury: **FI**

23. Signature: **John T. Skinner** (M. D. or other) **M.D.**
Address: **11402 Bryant Bldg** Date signed: **4/4/42**

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

48
80

48
3
2
0

MOTHER FATHER

541

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.