V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 3 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26504

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3206

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: St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 4438 East 54th Street Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---- 0

3. (a) PRINT FULL NAME Mrs. Rosa Bell Smith

3. (b) If veteran, name war No

3. (c) Social Security No. 495-04-2161

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Harry Smith

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

7. Birth date of deceased September (Month) 4 (Day) 1874 (Year)

8. AGE: Years 67 Months 11 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Factory Worker - Retired

11. Industry or business Crook Paper Box Company

FATHER
12. Name Jasper M. Booker
13. Birthplace Knox Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Elender Barb
15. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Mrs. E. N. Crook
(b) Address 6723 Santa Fe Blvd. Overland Park, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Peculiar, Missouri

18. (a) Signature of funeral director O. A. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-26-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Aug 15 1942 to Aug 25 1942 that I last saw her alive on Aug 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Ileus

Due to Generalized Carcinomatosis of Abdomen

Due to Carcinoma of Ovary

Other conditions — (Include pregnancy within 3 months of death) 49W

Major findings: Of operations None

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) no
(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 Rich M. Oglive Md (M. D. or other)
Address 522 Prof. Bldg. Mexico Date signed 8-26-42

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(Licensed Embalmer's Statement on Reverse Side)

Dept Cert
Mrs Smith

Ex 7-22 R. Ogilvie
5-22 Professional Bldg
10-5

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 Quisenberry

Licensed Embalmer No. 4070

P. O. Address K C 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.