

FILED OCT 5 1942
Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 1

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:
3636 Paseo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 30 years.
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. 3636 Paseo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edwin H. Arras Smith
3. (b) If veteran, name war _____
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sep day 15
year 1942 hour _____ minute _____ M.

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Arras Smith
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased Nov. 8 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 7
1942 to Sept 19 1942;
that I last saw him alive on Sept 19 1942
and that death occurred on the date and hour stated above.
Immediate cause of death: Cardiac Failure Duration 2 1/2 hr.

8. AGE: Years 66 Months 10 Days 11
If less than one day _____ hr. _____ min.

Due to Coronary disease
and Myocardial degeneration 2 1/2 hr.
Due to _____

9. Birthplace Osage Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Realtor

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business Self
12. Name Edo Arras Smith
13. Birthplace Osage Des Moines Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Hancock
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Anna Arras Smith
(b) Address 3636 Paseo - New
17. (a) Burial (b) Date thereof 9-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osage Kas.

23. Signature F. C. L. [unclear] (M. D. or other) _____
Address 624 [unclear] Date signed Sept 20-42

18. (a) Signature of funeral director H. E. Julien
(b) Address Osage Mo.
19. (a) 9/20/42 (b) H. M. Crowe
(Date received local registrar) (Registrar's signature)

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

100

wa 5272

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 H.E. Julian
Licensed Embalmer No. 2042
P. O. Address Clatsop Twp.

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.