S. No. 2
M—9-4-41
v. 5-17-39,
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 29580

Registrar's No. 3584

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: Rosa Clark Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 8
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3050 Harrison 8
(If rural, give location)
(e) Citizen of foreign country? ——— (Yes or No) 1
If yes, name country ———

3. (a) PRINT FULL NAME Mary Luena Smith
3. (b) If veteran, name war ———
3. (c) Social Security No. None
4. Sex Fe. 1
5. Color or race Wh
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased November - 28 - 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	10	0	hr. min.

9. Birthplace St. Charles, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business Housewife
FATHER 12. Name William Stephens
13. Birthplace St Charles Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Hoffman
15. Birthplace St Charles Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Claude Craven
(b) Address 2210 East 15th St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ile Witte, Mo.
18. (a) Signature of funeral director Bentley Mortuary
(b) Address 5811 Troost
19. (a) 9/29/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~October~~ Sept. day 28 year 1942 hour Sixth minute Thirty P.M.
21. I hereby certify that I attended the deceased from 9/23/1942, 19 to 9/28/1942, 19; that I last saw her alive on 9/28/1942, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Dilatation Heart	2 days
Due to Arteriosclerosis	Long Duration
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	

Major findings:
Of operations
Of autopsy none

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 Frederick P. Baldwin (M. D. or other) MD
Address 317 Argyle Bldg K.C. Mo Date signed 9/29/42

(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 Guy Buffington

Licensed Embalmer No. 2756

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.