V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32966

State File No. 3795

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

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: 2433 Monroe 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 5 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2433 Monroe
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME LOUISA E. SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. 1

5. Color or race White

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

6. (b) Name of husband or wife John Richard

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

7. Birth date of deceased March 22, 1860
(Month) (Day) (Year)

8. AGE: Years 82 82 Months 6 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace Wisconsin 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Herman Illig
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cecilia Faris
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Moore
(b) Address 2433 Monroe

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1942.
(Month) (Day) (Year)
(c) Place: burial or cremation Portland Missouri

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.

19. (a) 10-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13, year 1942 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from April, 1942 to Oct. 13, 1942
that I last saw her alive on Oct. 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senility + arterial sclerosis

Due to old age 97

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no.

Of autopsy no

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 J. Henry George (M. D. or other)

Address 2618 Cleveland K.C. Date signed Oct. 14 -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 H D Blackman

Licensed Embalmer No. 3639

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.