S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32968

Filed NOV 9 1942

Registration District No. 449 — Primary Registration District No. 1002 ?

Registrar's No. 3842

**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. Mary's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hours (Specify whether years, months or days)

In this community 18 years

**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.: 2920 Holly
(If rural, give location)

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

If yes, name country: 8

3. (a) PRINT FULL NAME: Mrs. Mary L. Smith

3. (b) If veteran, name war: xx

3. (c) Social Security No.: None

4. Sex: Fe 1

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: 1 Married

6. (b) Name of husband or wife: Fred W. Smith

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: September (Month) 29 (Day) 1882 (Year)

8. AGE: Years 60 | Months 0 | Days 17 | If less than one day hr. min.

9. Birthplace: Eskridge (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: W. W. Davis
13. Birthplace: Wales 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Nock
15. Birthplace: Elizabeth Nock England 4 (City, town, or county) (State or foreign country) England

16. (a) Informant: Fred W. Smith
(b) Address: 2920 Holly

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Burlingame, Kansas

18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.

19. (a) 10-18-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 16th year 1942 hour 3: minute 45 P.M.

21. I hereby certify that I attended the deceased from October 16 1942 to October 16 1942 and that I last saw her alive on October 16 1942 3:45 P.M. and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Glomerular nephritis and Acute Pericarditis — Duration: 9 days

Due to: also Acute Thrombo-phlebitis Left arm + Rt Leg — Duration: 3 days

Other conditions (Include pregnancy within 3 months of death): 90B

Major findings: Of operations:

Of autopsy: Same as above

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? No
(Specify type of place)

While at work? (e) Means of injury: 1

23. Signature: Leo A. O'Brien (M. D. or other) M.D.

Address: 814 Porter Bldg K.C. Mo. Date signed: 10/17/42

(Licensed Embalmer's Statement on Reverse Side)

Nia 5850

Pointe Rg 2 to 5 PM

**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 A. R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas city 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.**