

X32873

5496

State File No.

Registrar's No. **728**

FILED FEB 27 1943
Registration District No. **1029**

Primary Registration District No. **1002**

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

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: **Wesley Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 Hours** (Specify whether
In this community **20 Years** years, months or days)

3. (a) PRINT FULL NAME **Mr. Allan Thomas Smith**
3. (b) If veteran, name war **No** **3. (c) Social Security** No. **None**

4. Sex **Male** **5. Color or** **White** **6. (a) Single, widowed, married,** **3 divorced** **Divorced**
6. (b) Name of husband or wife **Mrs. Amelia Jones Smith** **6. (c) Age of husband or wife if** **23** **years**
7. Birth date of deceased **August 13 1915**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 5 25 hr. min.
26

9. Birthplace **Tulsa Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Former Owner - Food Bank**

11. Industry or business **Mission, Kansas**

12. Name **William Smith**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Charlotte Smiley**
15. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jack Wheeler**
(b) Address **2630 Brookridge Drive, K.C. Kansas**

17. (a) Burial **(b) Date thereof** **Feb. 13, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial of cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **W. H. Newcome's sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) 2-11-43 **(b) M. H. Brown**
(Date received local registrar) (Registrar's signature)

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. **Kansas City Club - 13th & Baltimore**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **8**
year **1943** hour **5:00** minute **a.** M.

21. I hereby certify that I attended the deceased from **Cornier** 19....
that I last saw h..... alive on..... 19....
and that death occurred on the date and hour stated above.

Immediate cause of death. **Pulmonary edema and congestion** Duration

Due to **Early onset of the brain**

Due to **124B**

Other conditions. **(Include pregnancy within 3 months of death)**

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: **See report**
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?

While at work..... (Specify type of place) (c) Means of injury.....

23. Signature **W. H. Newcome's sons** **3** (M. D. or other)
Address **1401 Brush Creek Blvd.** **2/8/43** Date signed

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..... *Ray E Snow*.....
Licensed Embalmer No. *2560*.....
P. O. Address..... *17 E NW*.....

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.