

U. S. No. 2
00M-2-43
5-17-39
I X3580

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LED JUN 7 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2313

Registration District No. 149 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
(c) Name of hospital or institution: General Hospital
(d) Length of stay: 3 months
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 309 Garfield
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Emma Smith
3. (b) If veteran, name war No. 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19
year 1943 hour 10 minute 25 A.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife CHARLES 6. (c) Age of husband or wife if alive, years 25, 1868
7. Birth date of deceased MAR. 25, 1868

21. I hereby certify that I attended the deceased from March 12, 1943, to May 19, 1943
that I last saw her alive on May 19, 1943, and that death occurred on the date and hour stated above.

8. AGE: 75 Years 1 Months 24 Days
9. Birthplace Ohio

Immediate cause of death: pyelonephritis pneumonia, lobar
Due to non-union of old fracture right hip
Other conditions: 108

10. Usual occupation At home
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

Major findings: Non union of hip 2/24/43
Of operations _____
Of autopsy _____

16. (a) Informant Clara Dungan
(b) Address 3608 E 19th
17. (a) Burial (b) Date thereof 5-21-43
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director H. Bleckman
(b) Address 15 E. 7th
19. (a) 5-21-43 (b) M. M. Brown

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Acc
(b) Date of occurrence June 1942
(c) Where did injury occur Unknown
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown
While at work? _____ (Specify type of place)
(c) Means of injury Blk
23. Signature Drury R. Thom (M. D. or other) _____
Address _____ 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..... *H D Blackman*

Licensed Embalmer No. *3639*

P. O. Address *R. 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.