

Registration District No. **149**

Primary Registration District No. **1002**

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**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Month**
(Specify whether years, months or days)

In this community **15 Years**
(Specify whether years, months or days)

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. **2737 Benton Blvd. 3rd Floor South**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **---**

3. (a) PRINT FULL NAME **Miss Laura L. Smart**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **April 24 1873**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	21	hr. --- min.

9. Birthplace **Excelsior Springs Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **School Teacher**

11. Industry or business **Retired**

12. Name **Joshua N. Smart**

13. Birthplace **Excelsior Springs Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Cornelia J. McClure**

15. Birthplace **Unknown North Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Obellard C. Martin**

(b) Address **Rearney, no.**

17. (a) **Burial** (b) Date thereof **June 17, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **6-17-43** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15th**
year **1943** hour **11** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **May 5** to **June 15** 1943
that I last saw **her** alive on **June 15** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of urinary bladder**
Prostate
Due to **5 1/2**

Due to **5 1/2**
Other conditions **Tachycardia**
(Include pregnancy within 3 months of death)

Major findings: Of operations **0**

Of autopsy **Carcinoma of urinary bladder**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **0**

(b) Date of occurrence **0**

(c) Where did injury occur? **0**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **0** (Specify type of place) (e) Means of injury **0**

23. Signature **D. W. McEwen** (M. D. or other)
Address **100 Argyle** Date signed **6-16-43**

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

MOTHER FATHER

