

FILED AUG 14 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3364

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: 2200 Paseo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 30 yrs. (Specify whether years, months or days)
In this community about 30 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Gershon Smith

3. (b) If veteran, name war no 3. (c) Social Security No. 487-07-642

4. Sex Male 5. Color or race 2 Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zena Smith 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 30, 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Higginsville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business
12. Name Ervin Smith
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Zena Smith
(b) Address 2200 Paseo

17. (a) Burial (b) Date thereof 8-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director E. Stehling Bledsoe
(b) Address 1212 Vine, K.C., Mo.

19. (a) 8-3-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2200 Paseo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1943 hour 5:57 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 16 1943 to July 31 1943
that I last saw him alive on July 31 and that death occurred on the same day and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 3 days
Due to Postural Rigorrigidity 3 hrs
Due to Arterial Hypertension 3 hrs

Other conditions (Include pregnancy within 3 months of death) 92 lb

Major findings: Of operations none done Of autopsy none done
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? _____

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

23. Signature J. E. Brown (M. D. or other) _____
Address Lincoln Bldg Date signed 8/2/43

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

216-13

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..... *E. Steuing Belles*.....

Licensed Embalmer No. *23178*.....

P. O. Address. *1212 - nine K E 17*.....

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.