

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:
1620 Central
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 4 years
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. 1620 Central
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Margaret Smith

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married? Single
 divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased. Apr 11 - 1893
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 12 If less than one day _____
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Thomas P. Smith

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Ann Roe

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. W. Preston

(b) Address 209 West 16th St. K.C. Mo

17. (a) Burial (b) Date thereof 7-8-1943
(Method, casket, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonner 2nd St

18. (a) Signature of funeral director Mrs. P. P. Fokete

(b) Address R. 2, Mo.

19. (a) 7-7-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
 year 1943 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from April 11, 1943 to July 6, 1943
 that I last saw her alive on April 23, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Failure
 Due to Cardiac Decompensation 1 yr.
 Due to Chronic Myocarditis 5 yrs.
 Other conditions: _____
(Include pregnancy within 3 months of death) 93d

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____

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 C. B. Anderson
 Address 619 Garfield, R.C. Mo. Date signed July 6/43

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

*Mr. Conley
Conley Clinic
Pr. 3883
2 3/4 3 3/4*

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.....

Licensed Embalmer No.....

P. O. Address.....

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.