

FILED OCT 13 1943

State File No. **30973**  
Registrar's No. **4114**

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 Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3420 Tracy Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
In this community **2 Years 6 Months.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3420 Tracy Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Mary Ann SMITH.**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Erwin LaFayette Smith.** 6. (c) Age of husband or wife if alive **\*\*\*** years  
7. Birth date of deceased **March 27th, 1869**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **0** If less than one day hr. min.

9. Birthplace **Harrison Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

MOTHER FATHER { 11. Industry or business

12. Name **John Harvey Robinson.**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary A. Plumley**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Charles Miller.**  
(b) Address **3420 Tracy Ave.**  
17. (a) **Removal** (b) Date thereof **9/27/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rogers Arkansas**  
18. (a) Signature of funeral director **Melody-McGilley.**  
(b) Address **K. C. Mo.**

19. (a) **9-28-43** (b) **J. E. Brown, Dep**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **27th**  
year **1943** hour **4** minute **20 A. M.**

21. I hereby certify that I attended the deceased from **Sept 1942** to **Sept. 27 1943**  
that I last saw **her** alive on **Sept 26 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Insufficiency with Hemorrhages (Emeric)** Duration **2 wks**

Due to **Advanced Primary Cancer** **Catho**  
Due to **anemia**

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

Major findings: Of operations **125**  
Of autopsy

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 **F. Clamer** (M. D. or other) **Sept 27 43**  
Address **624 1/2 Bldg** Date signed **Sept 27 43**

DR. F. LAMAR  
PROF. BLDG.

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**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. 2999  
P. O. Address..... KC

**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.**