

FD SEP 21 1943
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:
4209 Euclid Ave. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 4 yrs.

2. USUAL RESIDENCE OF DECEASED: 28
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 4209 Euclid Ave.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Mary Delores SMITH
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 29 th
 year 1943 hour 10:15 minute P.M.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Tate Smith
 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased February 28th 1917
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dr. Brown, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
26 6 1 _____ hr. _____ min.

Immediate cause of death Chronic pulmonary edema and myocardial infarction
 Due to Chronic dilatation of heart
 Due to Chronic myocardial infarction
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations 93d
 Of autopsy See form

9. Birthplace Delmar Iowa /
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

11. Industry or business _____
 12. Name Frank A. Hughes
 13. Birthplace Delmar Iowa /
(City, town, or county) (State or foreign country)
 14. Maiden name Ella Frances Thornton
 15. Birthplace Delmar Iowa /
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Tate Smith.
 (b) Address 4209 Euclid Ave
 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/30/43
(Month) (Day) (Year)
 (c) Place: burial or Davenport Iowa.
 18. (a) Signature of funeral director Melody-McGilley.
 (b) Address K. C. Mo.

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 _____

19. (a) 8-30-43 (Date received local registrar) (b) W. E. Brown (Registrar's signature)

23. Signature [Signature] (M, B, or Other) 3
 Address _____ Date signed [Signature]

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.....

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.