

BUREAU OF THE CENSUS  
MAR 18 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1127

1. PLACE OF DEATH  
(a) County Jackson  
(b) City or town Jackson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Trinity Lutheran  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3-1-44-3-10-44  
(Specify whether years, months or days) 3 years  
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Jackson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1828 E Armour  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MRS LAURA SMITH  
3. (b) If veteran, name war L  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 10  
year 1944 hour 1 minute 14 A.M.  
21. I hereby certify that I attended the deceased from Dec 1  
1944 to Mar 10 1944  
that I last saw h. er alive on Mar 9 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John Smith  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased December 23 1881  
(Month) (Day) (Year)

Immediate cause of death Bronchogenic carcinoma Duration 2 yrs  
Due to —  
Due to —  
Other conditions —  
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 2 Days 11  
If less than one day hr. min.

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

10. Usual occupation House Wife at Home

11. Industry or business at Home

12. Name Charles J. Frenking

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

14. Maiden name Gertha Raabe

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

16. (a) Informant Mrs. G. Daisy Smith  
(b) Address 1828 E. Armour

17. (a) Burial (b) Date thereof 3-12-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs mo  
18. (a) Signature of funeral director Jesse Staudy  
(b) Address Sweet Springs mo  
19. (a) 3-10-44 (b) J. S. Brown (M.D.)  
(Date received local registrar) (Registrar's signature)

Major findings: Intestinal masses covered on left.  
Of autopsy Bronchogenic carcinoma upper left lobe

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) (c) Means of injury —

23. Signature Spencer Wilson (M. D. or other) M.D.  
Address 1025 Biato Bldg Date signed 3-10-44

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

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

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Jessett Avery

Licensed Embalmer No.

2212

P. O. Address

Sweet Springs, Md

**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.**