

FILED JUN 29 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

2560

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days) 7 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6805 Elmwood (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph A. Smith

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

4. Sex 0 Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased 8-21-1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Jacob Smith

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

14. Maiden name Esther Link

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

16. (a) Informant Mrs. Clara M. Phillips
(b) Address 6805 Elmwood, Kansas City, Mo.

17. (a) Removal (b) Date thereof 6-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Missouri

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 6-17-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1944 hour 6 minute 20 Am.

21. I hereby certify that I attended the deceased from June 1943 to June 17 1944
that I last saw him alive on June 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of lungs

Due to Myocardial degeneration

Due to 9-3 d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 T. E. Brown (M. D. or other)
Address Date signed

Duration

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 1415

P. O. Address T. C. W.

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.