

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30314**
Registrar's No. **3726**

FILED SEP 26 1944
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson,**

(a) County **Jackson,**
Kansas City,

(b) City or town (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 and location)

(d) Length of stay: In hospital or institution **2 WEEKS** (Specify whether
years, months or days) **13 years**

In this community **13 years** (Specify whether
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. **300 East Armour**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **X**

3. (a) PRINT FULL NAME **Miss Ethel L. Smith**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **487-07-2397**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **X**

6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **June 18 1913**
(Month) (Day) (Year)

8. AGE: Years **31** Months **2** Days **26**

If less than one day **hr. min.**

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

10. Usual occupation **Secretarial Work**

11. Industry or business **Insurance**

12. Name **William H. Smith,**

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

14. Maiden name **Myrtle Stoops**

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

16. (a) Informant **Mrs. Myrtle Smith,**

(b) Address **4727 Mercier, Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **9-15-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood, Missouri**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C. Mo.**

19. (a) **9-14-44** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **13**
year **1944** hour **12** minute **30 a. M.**

21. I hereby certify that I attended the deceased from **Aug 20**
1944, to **Sept 13** 1944;

that I last saw her alive on **Sept 12** 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death **acute nephritis with uremia**

Due to **acute tonsillitis streptococci sore throat**

Due to **throat**

Other conditions (Include pregnancy within 3 months of death) **115 b**

Major findings: Of operations

Of autopsy **acute nephritis with uremia**

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 **H. H. Wang** (M. D. or other)

Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Paul J. Bullew

..... Licensed Embalmer No. 4206

..... P. O. Address. K. C. Missouri

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.