

FILED MAY 3 1945
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1889

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: TOLEMIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 MONTHS
(Specify whether)

In this community LIFE TIME
(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. 3105 1/2 E. 12TH STREET
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. EDITH MARCELLA SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. 499-105744

4. Sex FEMALE

5. Color of race WHITE

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

6. (b) Name of husband or wife GEORGE SMITH

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased JUNE 25 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

27 10 1 hr. min.

9. Birthplace GRAIN YAWKEY, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business GENERAL BOX CO.

12. Name MICHAEL COSTIGAN

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

14. Maiden name EDITH CHURCH

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

16. (a) Informant MR. GEORGE SMITH

(b) Address 3105 1/2 EAST 12TH STREET

17. (a) Burial (b) Date thereof Apr. 28, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Puccinelli

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-28-45 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26th
year 1945 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from January 22nd 1945, to April 26th 1945
that I last saw her alive on April 26th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal CA tumor Duration _____

Tuberculosis

Due to Pulmonary Tuberculosis

Terminal pneumonia

Due to Do

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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 [Signature] (M. D. or other) _____

Address 212 1/2 E. 12th Street Date signed 4/27/45

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

2624
9:00-9:30
D. J. [unclear]

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.....

Elmer T. [unclear]

Licensed Embalmer No.....

1767

P. O. Address.....

St. Louis City

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.