

S. No. 2
 OM-543
 v. 5-17-39
 I X36871

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1777
 Registrar's No. 5516

FILED JAN 21 1946
 Registration District No. 149

Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 days
(Specify whether in this community 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. 906 E. 11 St.
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Marie Smock
 (b) If veteran, name war no
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 24
 year 1945 hour 9 minute 40 A.M.
 21. I hereby certify that I attended the deceased from
Dec. 6, 1945, to Dec. 24, 1945
 that I last saw her alive on Dec. 24, 1945
 and that death occurred on the date and hour stated above.

4. Sex Female
 5. Color or race hite
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 30
(Month) (Day) (Year)

Immediate cause of death
Obstructive jaundice from chronic cholecystitis with chronic cholelithiasis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 126
 Major findings:
 ✓ Of operations _____
 Of autopsy See above

8. AGE: Years 64 Months _____ Days _____ If less than one day hr. _____ min. _____
 9. Birthplace Kansas
(City, town, or county) (State or foreign country)
 10. Usual occupation none

PHYSICIAN
 11. Underline the cause to which death should be charged statistically.
 12. 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? _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Isaac Smock
 13. Birthplace Penn.
(City, town, or county) (State or foreign country)
 14. Maiden name Everetta Manning
 15. Birthplace Ind.
(City, town, or county) (State or foreign country)
 16. (a) Informant Record Clerk
 (b) Address General Hospital No. 1
 17. (a) Burial (b) Date thereof 1-3-46
(Burial, cremation, or removal) (month) (Day) (Year)
 (c) Place: burial or cremation Burial
 18. (a) Signature of funeral director Wm. F. Holme
 (b) Address City of Kansas
 19. (a) 12-31-45 (b) Wm. F. Holme
(Date received local registrar) (Registrar's signature)

23. Signature Mark W. Seely
 Address Med. Dir. Gen'l Hosp.
 Date signed 12-24-45

(Licensed Embalmer's Statement on Reverse Side)

100399 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. G. G. G.

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.....

not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Wm. A. L. L. L.*

Licensed Embalmer No. *3089*

P. O. Address. *1 E 7th*

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.