

FILED MAR 11 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 929

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 days**
(Specify whether years, months or days)
In this community **5 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**
(c) City or town **Mayview (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #1**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Bessie E. Smith**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Roscoe R. Smith** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **December 13 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	2	7	hr. min.

9. Birthplace **Kingsville Mo. 11**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **William Hughes**

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

14. Maiden name **Unknown**

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

16. (a) Informant **EVERETT Evertt Smith**

(b) Address **416 Maple-Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 23, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill, Warrensburg, Mo.**

18. (a) Signature of funeral director **W. A. T. Hart**

(b) Address **Harrington 720**

19. (a) **2-23-46** (b) **St. Pauline Holman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20**
year **1946** hour **4:00** minute **PM**

21. I hereby certify that I attended the deceased from **Feb 14 1946** to **Feb 20 1946**
that I last saw her alive on **Feb 20 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism** Duration **3 days**

Due to

Due to

Other conditions **cf 3 H**
(Include pregnancy within 3 months of death)

Major findings: Of operation **Empyema of Gall Bladder**

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? **Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) While at work? (Specify type of place) (f) Means of injury

23. Signature **W. A. T. Hart** (Date) **2-23-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4872

H H Simmons

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..... *H H Simmons*
Licensed Embalmer No. *13903*
P. O. Address..... *K.C. Mo*

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.