

9687

FILED APR 10 1946

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1581

1. PLACE OF DEATH: Jackson,  
 (a) County Kansas City,  
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1811 Myrtle Conv. Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no. since Sept 1944  
 (Specify whether  
 In this community unknown  
 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. 1811 Myrtle  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Laura Patterson Smith  
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 22  
 year 1946 hour 6:00 minute P. M.  
 21. I hereby certify that I attended the deceased from March 20 of  
1946 to March 22 1946  
 that I last saw her alive on March 21 1946  
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife George C. Smith 6. (c) Age of husband or wife if alive dec. years  
 7. Birth date of deceased unknown 12-29-1881  
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 3 days  
 Due to Hypertension 8 days  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations 83 a  
 Of autopsy \_\_\_\_\_

8. AGE: Years 65 Months 1 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Frank Patterson

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

14. Maiden name Martha Pettit

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

16. (a) Informant Miss Margaret P. Smith,

(b) Address Tulsa, Oklahoma,

17. (a) removal (b) Date thereof 3-22-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa, Kansas,

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

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

19. (a) 4-2-46 (b) Geraldine Holmes  
 (Date received local registrar) (Registrar's signature)

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 C  
 23. Signature S. H. ... (M. D. or other) M.D.  
 Address 901 ... Date signed 3/23/46

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

901 West Street A. 12

Dr. Lee Haynes

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 *J. Clair Sheppard*

Licensed Embalmer No. *4179*

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.