

No. 2
1-5-43
5-17-39
I X36671

FILED JUL 2 1946

State File No. _____

Registration District No. 1749

Primary Registration District No. 1003

Registrar's No. 2777

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:
2717 Brighton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Walter F. Smith.

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

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

6. (b) Name of husband or wife Mary Smith 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased. Dec - 16 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 9 If less than one day hr. min.

9. Birthplace No Record
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Paper hanger

11. Industry or business For Self

MOTHER FATHER { 12. Name Smith

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Smith

(b) Address 2739 Lister

17. (a) Burial (b) Date thereof June 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn

19. (a) 6-21-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 2739 Lister
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20
year 1946 hour 6:45 minute 1 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to coronary sclerosis
arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) 946

Major findings: Of operations _____
Of autopsy Heart & Lungs

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 James W. ... (M. D. or other) 3
Address 11424 N. ... Date signed 6-21-46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1946

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.....

W. N. Wise

Licensed Embalmer No. *2570*

P. O. Address..... *KC 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.