

FILED SEP 14 1946

Registration District No. _____

Primary Registration District No. **1002**

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

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:
6322 McGee Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **43 Years**
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. **6322 McGee Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **SHERMAN G. 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 **Mrs. Kate B. Smith** 6. (c) Age of husband or wife if alive **unk** years
 7. Birth date of deceased **January 7th 1869**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **17** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Proprietor**

11. Industry or business **Sherman G. Smith Commission**

MOTHER FATHER { 12. Name **Jacob Smith**
 13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Catherine Schride**
 15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Kate B. Smith**

(b) Address **6322 McGee Street**

17. (a) **Removal** (b) Date thereof **8 - 27 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carrollton, Missouri**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd St., Kansas City, Mo.**

19. (a) **8-26-46** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **24th**
 year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **funeral**
1946, 19____, to **Aug 24**, 19____
 that I last saw him **live on Aug 24, 1946**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver** 1yr
secondary to
Carcinoma of colon 1yr
 Due to _____

Other conditions (include pregnancy within 3 months of death) **462**

Major findings of operations **Carcinoma of colon**
 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 **M. B. Casebolt M.D.** (M.D. or other) _____

Address **1000 Baltimore T. B. No. 24/46**

4000 Ballinger
Form 3 to 70' 1/2

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 C. Wedelin

Licensed Embalmer No. 3495

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.