

No. 2
-12-45
5-17-39
I X47070

FILED SEP 25 1946

Registration District No. **1001** Primary Registration District No. **1001**

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: **Research Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)

In this community **40 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **G. Day Smith**

3. (b) If veteran, name war **no** **3. (c) Social Security No.** **486-05-4468**

4. Sex **male** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **married**

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

7. Birth date of deceased **May 9 1882**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	3	28	hr. min.

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

10. Usual occupation **Assistant Sunday Editor**

11. Industry or business **The Kansas City Star**

12. Name **J. K. Smith**

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

14. Maiden name **Emma Day**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Bertha Smith**

(b) Address **4916 Baltimore, Kansas City, Mo.**

17. (a) burial **(b) Date thereof** **9-10-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (c) Signature of funeral director **Stine & McClure**

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

19. (a) 9-9-46 **(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. **4916 Baltimore**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **7** year **46** hour **3** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **7 DEC 1944** to **Sept 7 1946**
that I last saw him alive on **Sept 7 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute heart failure**

Due to **Toxic subacute nephritis**

Due to **518**

Other conditions (Include pregnancy within 3 months of death) **518**

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)

(c) Means of injury **1**

23. Signature **Edward J. Allen** (M. D. or other) **Allen**

Address **1010 Profess Bldg, 2nd Fl.** Date signed **9/7/46**

Duration

PHYSICIAN

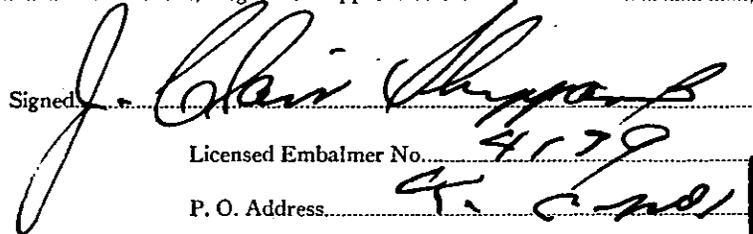
Underline the cause to which death should be charged statistically.

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

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 .....
Licensed Embalmer No. 4179
P. O. Address.....

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.