No. 2
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5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 14 1946

State File No. 30603

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Jackson (Rural)
(b) City or town Kansas City (Washington)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1200 West 110th. 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 11 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1200 West 110th. Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME MRS. MAGGIE MAY SMALLEY

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 Widowed
6. (b) Name of husband or wife Charles W. Smalley
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased May (Month) 31st. (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	25	____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home
11. Industry or business ____

FATHER
12. Name Phelix G. Sparrow
13. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Margaret Hannah
15. Birthplace ____ (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Wesley J. Smalley
(b) Address 1200 West 110th. Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9 - 27 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Belton, Missouri
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd St. Kansas City, Mo.
19. (a) 9/28/46 (Date received local registrar) (b) Dr. Connie G. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26th.
year 1946 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Sept. 24, 1946 to Sept 25, 1946
that I last saw her alive on Sept 24, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to Arteriosclerosis and hypertension	unknown
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	

Major findings:
Of operations ____
Of autopsy ____

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

83A

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury 0

23. Signature A. L. Spafford (M. D. or other)
Address Argyle Bldg. K.C. Mo. Date signed 9-26-46

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(Licensed Embalmer's Statement on Reverse Side)

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. 2939

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.