DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33774

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4527

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: St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson, 41
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 4004 Warwick Boulevard 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Sadie Smith
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Urban A. Smith
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased February 8 (Month) 18 (Day) 1880 (Year)

8. AGE: Years 66 Months 8 Days 7 (17) If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name Robert H. Tucker 1
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah E. Parker
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Jerome Smith,
(b) Address 4004 Warwick, Kansas City, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Boonville, Missouri
18. (a) Signature of funeral director Stine & McCLURE,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 10-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Corr. By Aff. Jan 6 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1946 hour 2:15 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 14, 1946, to Oct. 25, 1946
that I last saw her alive on Oct. 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism
Due to Post-operative
Due to Cholecystectomy 10-16-46
Other conditions (Include pregnancy within 3 months of death) 126
Major findings: Of operations Cholecystitis with stones.
Of autopsy refused.

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature A. M. Ziegler (M. D. ~~or other~~)
Address 600 Prof. Bldg Date signed 10-28-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT

Dr. Ziegler

Certificate

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 Jo 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.

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4527

On this 8th day of November, 1946, before me appears Mrs Jerome Smith, who, upon his oath, states that the original record of ~~birth~~ death for Sadie Smith died ~~born~~ Oct. 25, 1946 in the State of Missouri, and which was filed at K.C., Mo on 10-28, 1946 should be corrected as follows:

Item No. 7 should read February 8, 1880
Instead of " 8, 18, 1880

Item No. 8 should read 66, 8, 17
Instead of 66, 8, 7

Item No. ____ should read ____
Instead of ____

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Instead of ____

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Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Jerome P. Smith Son
Relationship.

4604 Warwick K.C. Mo
Present Address.

Subscribed and sworn to before me this 8th day of November, 1946.

My Commission expires Oct 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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