

S. No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33776
4338
Registrar's No. _____

Registration District No. 149 Primary Registration District No. 6002

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: Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) as above

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Fairfax,
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Miss Sandra Leigh Smith
3. (b) If veteran, name war no. 3. (c) Social Security No. NO.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 12 year 1946 hour 1 minute 50 A. M.
21. I hereby certify that I attended the deceased from October 10, 1946 to October 12, 1946
that I last saw her alive on Oct. 12, 1946 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive X years

Immediate cause of death Lobar Pneumonia
Portal Cirrhosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 108

7. Birth date of deceased July 26 1933
(Month) (Day) (Year)
8. AGE: Years Months Days 10 If less than one day
13 2 12 hr. min.

Major findings:
Of operations _____
Of autopsy Lobar Pneumonia
Portal Cirrhosis

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Student School

11. Industry or business _____
12. Name J. Fred Smith
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jennie May Martin
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant J. Fred Smith
(b) Address Fairfax, Missouri
17. (a) removal (b) Date thereof: 10-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairfax, Missouri
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

(Specify type of place) (2) Means of injury _____
23. Signature James A. Di Reimann (M. D. or other) DO
Address 1729 Buysant Building Date signed 10/12/46

19. (a) 10-15-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

Dr. R. R. Summer
941st Burial & Crematory

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..... Robert H Reed

Licensed Embalmer No. 3745

P. O. Address..... NC 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.