

FILED JAN 27 1949

Primary Registration District No. **1002**

Registrar's No. **253**

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:
528 Bales /
(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 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. 528 Bales (If rural, give location) **0**
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Cordelia Smeltzer

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 married
6. (b) Name of husband or wife David S. 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 25 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 21 If less than one day 22 hr. _____ min.

9. Birthplace Clayton Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Home maker

11. Industry or business at home

MOTHER FATHER } 12. Name Frank Castle **9**
13. Birthplace unknown (City, town, or county) (State or foreign country) **9**
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) **9**

16. (a) Informant David Smeltzer
(b) Address 528 Bales

17. (a) Burial (b) Date thereof 1-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director C.H. Blackman & Son, Inc
(b) Address 2825 Independence Blvd

19. (a) 1-18-47 (Date received local registrar) Stardline Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Canon 19____ to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy no
History & Inspection

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) (a) Means of injury 9

23. Signature Sam Walker (M. D. or other) Bro
Address 1424 Pop Alley Date signed 1-17-47

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..... *H. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *17 E. No*

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.