

S. No. 2  
-12-45  
5-17-39  
P 1 X47070

State File No. \_\_\_\_\_  
Registrar's No. 49

**FILED JAN 23 1947**  
Registration District No. 1002

Primary Registration District No. 1002

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: General Hospital No. 10  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days  
(Specify whether years, months or days)

In this community 25 YEARS  
NICHOLAS

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. 2835 Spruce  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Ed Smith

3. (b) If veteran, name war No

3. (c) Social Security No. 494-12-0827

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4  
year 1947 hour 1 minute A. M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. JESSIE SMITH

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased April 11 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 15 1946 to Jan. 4 1947  
that I last saw him alive on Jan. 4 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 8 Days 24 If less than one day hr. min.

Immediate cause of death Terminal bronchial pneumonia  
Acute and chronic pyelonephritis  
Due to with multiple abscesses of kidney

9. Birthplace Do Witt Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 133a

11. Industry or business

12. Name Nicholas Smith a

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

14. Maiden name O. Bannard

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

Of autopsy \_\_\_\_\_

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 Mr. Oscar Smith

(b) Address 427 North 14th St., K.C., Kans

17. (a) Burial (b) Date thereof Jan. 6, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Wm W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 1-4-47

18. (a) Signature of funeral director D. H. Newcomer Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-6-47 (b) Rosaline Holmes  
(Date received local registrar) (Registrar's signature)

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

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**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 Melvin Miller

Licensed Embalmer No. 4407

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.**