

No. 2
M-5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5072
Registrar's No. 503

FILED FEB 17 1947
Registration District No. 107

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town J.C.Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 WEEKS
In this community 44 YEARS
years, months or days (Specify whether)

3. (a) PRINT FULL NAME ALBERTA SMITH
3. (b) If veteran, name war NO
3. (c) Social Security No. NO ONE

4. Sex Female 5. Color or race WHITE
6. (a) Single, widowed, married, divorced, divorced, rec. annul.
6. (b) Name of husband or wife MR. LEROY LEWIS SMITH
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPTEMBER 28 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 3
If less than one day hr. min.

9. Birthplace COLE CAMP MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name DANIEL W. SPICER

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. R. T. BAIN BRIDGE
(b) Address 110th & STATE LINE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 3 1947
(Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEM.
18. (a) Signature of funeral director D. J. Newcomer
(b) Address 1401 Brush Creek Blvd. K.C. Mo.
19. (a) 2-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kans. City
(If outside city or town limits, write "RURAL")
(d) Street No. 5020 College Avenue
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 1ST
year 1947 hour 8 minute 10A M.
21. I hereby certify that I attended the deceased from Oct 1st to Feb 1st, 1947
that I last saw her alive on Jan 31, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Due to Renal dysfunction
Due to
Other conditions 520
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of
Of operations kidney w/ metastases
Of autopsy

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?
While at work? (Specify type of place) (c) Means of injury
23. Signature Alfred J. Harsch (M.D. or other)
Address 100 Prof. Bldg Date signed 2-1-47

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.....

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.