

No. 2
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S-17-39
I X47070

State File No. 5078
Registrar's No. 642

FILED FEB 24 1947
Registration District No. 149

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 Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 hrs.
(Specify whether)

In this community 58 years
years, months or days

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. 106 No. Quincy
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Nora Smith

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1947 hour 7 minute 45 A. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Samuel F. Smith

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

7. Birth date of deceased June 11 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 10 1947 to Feb. 11 1947
that I last saw her alive on Feb. 11 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>8</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Acute myocardial infarction
Duration _____

9. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to _____

Due to _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Young

{ 13. Birthplace Unknown Canada
(City, town, or county) (State or foreign country)

{ 14. Maiden name Susie Bell

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: gyna

Of operations _____

Of autopsy See above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Clara J. Mode

(b) Address 108 North Quincy

17. (a) Removal (b) Date thereof 2/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stillwell Kansas

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? _____

18. (a) Signature of funeral director Frank and Robin

(b) Address 20 W. Linwood

19. (a) 2-11-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of injury 0

Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 2-11-47

OCT 9 1947

Dr. Kuhl
Dr. Sengon

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Tanawoc City, 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.