

7. S. No. 2
 OOM-2-43
 ev. 5-17-39
 I X35897

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 9410
 Registrar's No. 1095

FILED MAR 25 1947
 Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
 (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: The George H. Nettleton Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution since 3-9-46
 (Specify whether years, months or days)
 In this community 39 years

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. The George H. Nettleton Home
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country X

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 9
 year 1947 hour 4:15 minute A.M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife X
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased February 20 1857
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 29, 1946 to March 9, 1947
 that I last saw her alive on March 7, 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
90 0 20 19 hr. min.

Immediate cause of death Bronchitis
 Duration 5 months

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation at home none

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 106 to
 Of autopsy _____
 PHYSICIAN _____

11. Industry or business X
 12. Name Bluford Smith
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Dolly Asbury
 15. Birthplace Ohio
 (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?
 While at work? (Specify type of place) _____
 (e) Means of injury _____

16. (a) Informant Mrs. Jennie Gooch
 (b) Address 4325 College, Kansas City, Mo.
 17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-12-47
 (Month) (Day) (Year)
 (c) Place: burial or cremation Barry, Missouri
 18. (a) Signature of funeral director Stine & McClure
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 3-10-47 (Date received local registrar)
 (b) Geraldine Holman (Registrar's signature)

Signature John L. Lapp (M. D. or other) M.D.
 Address 13014 Prospect 11310g Date signed 3/10/47

Joseph B. D. G.

Dr. John G. Lapp

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 *J. Elmer Sheppard*.....

Licensed Embalmer No. *4179*.....

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.