S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
Regional Office of Vital Statistics

FILED JUL 22 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24512

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 111

**1. PLACE OF DEATH:**

(a) County JACKSON RURAL SNI-A-BAR

(b) City or town GRAINVALLEY TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FILLING STATION 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 WEEKS
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")

(d) Street No. 2924 PROSPECT AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME MARGARET SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife MR KARL C. SMITH

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased DECEMBER (Month) 24 (Day) 1900 (Year)

8. AGE: Years 46 Months 6 Days ? If less than one day ..... hr. ..... min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country) 6

10. Usual occupation HOUSE WIFE

11. Industry or business .....

FATHER
12. Name HENRY MULLEN
13. Birthplace CUBA (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name ABIE BRAY
15. Birthplace CUBA (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant MRS. ABIE MULLEN
(b) Address 2924 PROSPECT AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 8 (Month) (Day) 1947 (Year)
(c) Place: burial or cremation MAPLE HILL CEMETERY KC Kas

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd

19. (a) JULY 7, 1947 (Date received local registrar) (b) Donald C Eanshaw (Registrar's signature) 378

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JULY day 3RD year 1947 hour ? minute ? M.

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

Immediate cause of death (deputy Coroner circulatory failure

Due to etiology unknown

Due to .....

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

Major findings:
Of operations .....

Of autopsy see above

Duration

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature W E Upsher (M. D. or other) MD

Address 2800 MAIN St Date signed 7/6/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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. E Oscar Thornley

Licensed Embalmer No. 1767

P. O. Address. Kansas City

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.