. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

Registration District No. 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27941

Registrar's No. 3516

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: Residence, 4136 E. 6th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~5 years~~ (Specify whether
In this community 51 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. 4136 E. 6th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME MRS. CLARA LIDORA SMITH

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Noah Smith

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 25, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	19	hr. min.

9. Birthplace Galapolier, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Silas Wright
13. Birthplace Columbus, Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Phoebe Dechard
15. Birthplace unknown, Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. J. Baker
(b) Address 4136 E. 6th K. C. Mo.

17. (a) BURIAL (b) Date thereof 8-17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation C. of Independence Sibley Cem.

18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence, Mo.

19. (a) 8-15-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14
year 1947 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug 14, 1947 to Aug 14, 1947
that I last saw her alive on Aug 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchopneumonia

Due to

Due to

Other conditions Mitral insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none 92 b

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 J. A. Brown (M. D. ~~or other~~)
Address #5 040 E 8th St Date signed 8-15-47

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.....R. L. Lisle.....

Licensed Embalmer No.....4123.....

P. O. Address.....Independence, 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.