S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27944

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3300

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: 1
2204 Flora
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2 months

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. 2204 Flora 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Yvonne Smith
3. (b) If veteran, name war no
3. (c) Social Security No. None

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) - 27 (Day) - 1947 (Year)

8. AGE: Years | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Frank Smith
13. Birthplace Rosedale (City, town, or county) Kan. (State or foreign country) 1
14. Maiden name Eula Mae Henderson
15. Birthplace Muskogee (City, town, or county) Okla. (State or foreign country) 1
16. (a) Informant Eula Mae Smith
(b) Address 2204 Flora
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director E. Sterling Bell
(b) Address 1212 Vine St., K. C., Mo.
19. (a) 8-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 1 year 1947 hour 12 minute 40 A.M.
21. I hereby certify that I attended the deceased from 7-31- 1947, to 8-1- 1947, that I last saw him alive on 7-31- 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure — Duration
Bronchio-Pneumonia
Due to Same as above
Bronchio-Pneumonia
Due to
Other conditions age - 2-mo
(Include pregnancy within 3 months of death)
Major findings:
Of operations 107
Of autopsy No-Permit

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 [illegible] (M. D. or other)
Address 2634 - Brooklyn Date signed 8-4-47

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. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., K. C., M

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.