

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 DAYS
In this community Don't know
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. 2306 E. 14TH ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ELMER SMITH

3. (b) If veteran, name war

Don't know

3. (c) Social Security No.

Don't know

4. Sex MALE

21

5. Color or race NEGRO

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

6. (b) Name of husband or wife Don't know

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

7. Birth date of deceased (Month) May (Day) 16 (Year) _____

8. AGE: About 75

Years

Months

Days

If less than one day
hr. _____ min. _____

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Ferguson

(b) Address Sedalia, mo

17. (a) Removal (b) Date thereof 10-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, mo

18. (a) Signature of funeral director Wm. J. Olym

(b) Address 1819 E. 15th St. mo

19. (a) 10-18-47 (b) Aladdin Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 17,
year 1947 hour 12: minute 45 A.M.

21. I hereby certify that I attended the deceased from SEPTEMBER
27, 19 47 to OCTOBER 17, 19 47
that I last saw IM alive on OCTOBER 17, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA

Due to BENIGN HYPERTROPHY OF PROSTATE

Due to _____

Other conditions PROLAPSE OF RECTUM
(Include pregnancy within 3 months of death)

Major findings:
Of operations 157a
Of autopsy _____
PHYSICIAN
Underline the cause to 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?
While at work _____ (Specify type of place)
Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 10/17/47

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

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.....

Licensed Embalmer No. 4383

P. O. Address. 1819 E. 15th KE, ne

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.