

7. S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

FILED DEC 15/1947

Registration District No. 15/1947

Primary Registration District No. 1002

Registrar's No. 5105

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, 3522 Nickolson
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

3. (a) PRINT MRS. BERTHA L. SMART
 FULL NAME
 3. (b) If veteran, name war none
 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 John W. Smart
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Dec. 8, 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 11 25 hr. min.

9. Birthplace Kansas City, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Unknown, Spears
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Ada Bradley
 15. Birthplace Kansas City, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant John W. Smart
 (b) Address 3522 Nickolson, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-47
 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove Indep. Mo.
 18. (a) Signature of funeral director W. G. Carson (Specify type of place)
 (b) Address Independence, Mo. (c) Means of injury

19. (a) 12-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3522 Nickolson (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 3
 year 1947 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 15
 1947, to Dec 3, 1947,
 that I last saw her alive on Dec 1, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Heart Failure
Coronary Atherosclerosis
Chronic Myocarditis
 Due to Chronic Myocarditis

Duration
1 day
5 months
1 year

Due to
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy

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?

(e) Means of injury

23. Signature [Signature] (M. D. or other)
 Address 103 N. Elmwood Date signed 12/3/47

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

MOTHER, FATHER

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.....

Charles F. Tyler

Registered Apprentice No. *411*

working under my personal supervision.

Signed.....

R. A. 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.