

FILED FEB 3 1948
Registration District No. 199

Primary Registration District No. 1002

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

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 NEECE CONVALESCENT HOME 2641 FORBST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 4 1/2 YEARS

3. (a) PRINT FULL NAME JAMES SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS ALLIE BELLE SMITH

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased OCTOBER 20 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 25
If less than one day hr. min.

9. Birthplace ATCHAFSON, KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARMER

12. Name LOUIS SMITH

13. Birthplace UNKNOWN - N. VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name JULIA KEACH

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter Metz

(b) Address Boonville Missouri

17. (a) BURIAL (b) Date thereof JAN 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director A. N. Deussomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 1-20-48 (b) St. Geraldine Holme
(Date received local registrar) (Registrar's signature)

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. 4030 HARRISON STREET
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 18TH
year 1948 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from Oct.
1947 to JAN 19 1948
that I last saw him alive on JAN 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
Respiratory failure

Due to Myocardial Degeneration
(Chronic)

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 938

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? 2

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. L. Gentry (M. D. or other) MD
Address 3901 S. Indiana Date signed 1/19/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

3901 1/2 Industrial

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..... *Jess T. News*

Licensed Embalmer No. *4453*

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.