

Registration District No. 149

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:
2206 EAST 37TH STREET
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 20 YEARS
 years, months or days)

3. (a) PRINT FULL NAME: MISS NORMA JEAN SMILEY

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: SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased: JULY 15 1927
 (Month) (Day) (Year)

8. AGE: Years 20 Months 6 Days 20 If less than one day
 hr. _____ min. _____

9. Birthplace: KANSAS CITY MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business _____

12. Name: V. E. SMILEY

13. Birthplace: VERSAILLES MISSOURI
 (City, town, or county) (State or foreign country)

14. Maiden name: LAVERNE MARRIOTT

15. Birthplace: VERSAILLES MISSOURI
 (City, town, or county) (State or foreign country)

16. (a) Informant: MR. V. E. SMILEY

(b) Address: 2206 EAST 37TH STREET

17. (a) BURIAL (b) Date thereof: FEB 7 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MT. MORIAN CEMETERY

18. (a) Signature of funeral director: O. W. Newcomer

(b) Address: 1401 BRUSH CREEK BLDG

19. (a) 2-7-48 (b) Sheraldine Holmes
 (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.: 2206 EAST 37TH 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 FEBRUARY day 5TH
 year 1948 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from 1930
 year of 1930 to FEBRUARY 5, 1948
 that I last saw her alive on FEBRUARY 4, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: DECOMPENSATED MYOCARDITIS. Duration 7 days.

Due to: THROMBOSIS CEREBRAL. ?

Due to: CRETINISM - SYNDROME. BIRTH

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

Major findings:
 Of operations: _____
 Of autopsy: 03C

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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury: 2

23. Signature: H. J. Wenzel (M.D. or other) D.O.
 Address: 2603 E. 31st. Date signed: 2/6/48

2603 East 31st Street

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 Bernard J. Lewis

Licensed Embalmer No. 4250

P. O. Address. HC 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.