

FILED MAR 13 1948, 49  
Registration District No. \_\_\_\_\_

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: GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 68 DAYS  
(Specify whether years, months or days) 1 YR.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY See's Summit!  
(If outside city or town limits, write "RURAL")  
(d) Street No. JACKSON COUNTY HOME FOR AGED  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

CLARA SMITH

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race NEGRO

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 22 years 1878

7. Birth date of deceased OCTOBER 22 (Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 3 If less than one day hr. min.

9. Birthplace BOWLING GREEN KENTUCKY  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business \_\_\_\_\_

12. Name DAN WHEELER

13. Birthplace TENNESSEE  
(City, town, or county) (State or foreign country)

14. Maiden name FANNIE BRATTON

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

16. (a) Informant DR. GRIFFIN (FRIEND)

(b) Address SUPT. OF JACKSON COUNTY HCME

17. (a) Removal (b) Date thereof 2-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. K.C.K.

18. (a) Signature of funeral director Arthur W. Hattler

(b) Address 1520 N. 5th Street

19. (a) 2-28-48 (b) Gertrudine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 25, year 1948 hour 6: minute 45 A.M.

21. I hereby certify that I attended the deceased from DECEMBER 19, 1948, to FEBRUARY 25, 1948 that I last saw hER alive on FEBRUARY 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death 1. INANITION Duration  
2. GENERALIZED ARTERIOSCLEROSIS  
3. LUETIC AORTITIS  
Due to 4. NECROTIZING CYSTITIS  
5. QUESTIONABLE GENERAL PARESIS

Other conditions (Include pregnancy within 3 months of death) 30 d

Major findings: Of operations \_\_\_\_\_  
Of autopsy SAME AS ABOVE  
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? 0

While at \_\_\_\_\_ (Specify type of place)  
\_\_\_\_\_ (Means of injury)  
23. Signature [Signature] (M. D. or other) M. D.  
Address GENERAL HOSPITAL NO. 2 Date signed 2/26/48

**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 *Nathan H. Hattis*.....

Licensed Embalmer No. 2700.....

P. O. Address 1520 N. 5th K.C.K......

**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.**