S. No. 300
M—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 13 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5092
Registrar's No. 891

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: 1627 Park (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years 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. 1613 Park (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vera 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) - 20 (Day) - 1928 (Year)

8. AGE: Years 19 | Months 11 | Days 1 | If less than one day hr. min.
9. Birthplace Huntington (City, town, or county) Ark. (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Ervin L. Smith
13. Birthplace Huntington (City, town, or county) Ark. (State or foreign country)
MOTHER
14. Maiden name Janie Norwood
15. Birthplace Huntington (City, town, or county) Ark. (State or foreign country)
16. (a) Informant Ervin L. Smith
(b) Address 1014 E. 14th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/'48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St., Kansas City, Mo
19. (a) 2-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 21 year 1948 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from Deputy 19 to Coroner 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock -	
Due to Internal Hemorrhage	
Due to Stab Wound - Right side of Neck	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1.67	
Of autopsy No Permit	

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) Homicide
(b) Date of occurrence 2-21-48
(c) Where did injury occur? K. C. Jackson (City or town) - Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - 1627 Park (Specify type of place)
While at work? no (e) Means of injury Stab Wound
23. Signature H. Williams (M. D. or other) - O.
Address 2636 Brooklyn Date signed 2-25-48

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., 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.