

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

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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

23161
State File No. _____
2829
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 70 years
years, months or days)

3: (a) PRINT FULL NAME Ada M. Smyth
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Charles F. Smyth 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 31, 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Pittsburgh, Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name William Heggy
13. Birthplace Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Ross
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Gus D. Welch
(b) Address 1235 W. 61st Street, KC, Mo.

17. (a) Burial (b) Date thereof 7-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyler
(b) Address Kansas City, Missouri

19. (a) 7-8-48 (b) Geraldine 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. 2819 Linwood Boulevard
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1948 hour 12:45 minute 45 P.M.

21. I hereby certify that I attended the deceased from Pathology, 19____;
that I last saw h. alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary edema
Due to Heart failure, hypertension and heart disease
Due to Arterio-sclerosis

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

Major findings: 93rd
Of operations _____
Of autopsy found

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address St. Luke's Hospital Date signed 7 July 1948

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

Glenn E. Heck

Licensed Embalmer No.

4063

P. O. Address

Kansas City, 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.