

FILED DEC 4 1948

Registration District No. 1219

Primary Registration District No. 1002

Registrar's No. 4640

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1714 BELLEVIEW HOME  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 27 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY, MISSOURI;  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1714 BELLEVIEW  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

VINSON SMALLS

3. (b) If veteran, name war NONE 3. (c) Social Security No. DONT KNOW

4. Sex MALE 2 5. Color or race NEGRO 6. (b) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife DONT KNOW 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: DEC 24 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace S.C.  
(City, town, or county) (State or foreign country)

10. Usual occupation STORE PORTER

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

12. Name BRISTER SMALLS

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

14. Maiden name CAROLYN DONT KNOW

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

16. (a) Informant SAM SMALLS (SON)

(b) Address 1420 KENSINGTON, K.C. Mo.

17. (a) BURIAL (b) Date thereof 11-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Thos. A. Jones

(b) Address 1819 E. 15th St. K.C. Mo.

19. (a) 11-12-48 (b) Arald...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th  
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 24 1948 to Nov. 8th 1948  
that I last saw him alive on Nov 6th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Infection  
bercellosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 13th  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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? Yes

THOS. A. JONES (Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Thos. A. Jones (M.D. or other) \_\_\_\_\_  
Address 1612 E. 15th St. Date signed 11/10/48

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

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**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..... *W. G. J. [Signature]*

Licensed Embalmer No. ~~438~~ 438

P. O. Address. 1819 E. 15th

**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.**