

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9010**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1020

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>63 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>5631 Highland</b>		d. STREET ADDRESS (If rural, give location) <b>5631 Highland</b>	

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3. NAME OF DECEASED (Type or Print) a. (First) <b>KAROLINE</b>		b. (Middle) <b>C.</b>		c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 3 50</b>	
5. SEX <b>Fe</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>7-29-1862</b>	
9. AGE (In years last birthday) <b>87</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
						12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Antone Braun</b>		13b. MOTHER'S MAIDEN NAME <b>Amelia Pfaff</b>		14. NAME OF HUSBAND OR WIFE <b>John A. Smith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No XX</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Amelia K. Finister, 310 S. Jackson</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		<b>6 wks</b>	
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gen. ant. Sclerosis</b>			
		DUE TO (c) <b>331X</b>			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Ant. Scler / Heart Dis</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb. 5, 1950, to 2 wks, 1950 that I last saw the deceased alive on 2 wks, 1950 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert M. Myers</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1025 Walnut St. Mo.</b>		23c. DATE SIGNED <b>3 wks 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-6-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>	
				24d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>3-4-50</b>		REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Wagner, N. 6. Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

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.