S. No. 300
v. 10.48

REC'D OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33861

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4126

1. PLACE OF DEATH
a. COUNTY: Jackson Hospital #2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 408 VINE ~~408 Vine~~ 5108

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): Raymond
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): September 25, 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: September 15, 1909
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days ~~10~~ — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Levensworth, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Smith, Sr.
13b. MOTHER'S MAIDEN NAME: Frances Carr
14. NAME OF HUSBAND OR WIFE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes WWII
16. SOCIAL SECURITY NO.: 496-09-2398
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Dorothy Fitzgerald 1010 Olive

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Miliary TBC of lungs, liver, spleen, prostate, brain, lymph nodes, & left adrenal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 002

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 23, 1951 *to* Sept 25, 1951, *that I last saw the deceased alive on* Sept 25, 1951, *and that death occurred at* 4:20 am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Frank Ellis [signature] MD
23b. ADDRESS: 600 East 22nd Street
23c. DATE SIGNED: 9-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-27-51
24c. NAME OF CEMETERY OR CREMATORY: Levensworth Kans
24d. LOCATION (City, town, or county) (State): Leavenworth Kans.

DATE REC'D BY LOCAL REG.: 9-27-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: West Appleton & Jones City

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2210

P. O. Address, K. C. 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.