

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38927

State File No. 4917

S. No. 300
V. 10.48

FILED NOV 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>23 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1421 Bales</u>				d. STREET ADDRESS (If rural, give location) <u>1421 Bales</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 22 1892</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Foy</u>		14. NAME OF HUSBAND OR WIFE <u>W.T. Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.T. Smith 1421 Bales Kas. City Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erosion of large vessel.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Canceroma of the spleen and left kidney.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Incisional implants g.l.a. C. A. O. Ovary 3 yrs ago.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>175h</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Canceroma of the ovary 4 yrs ago.</u>				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 <u>Nov. 1949</u> , to <u>Sept. 1952</u> , that I last saw the deceased alive on <u>11/7/52</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. A. Choquette DO</u> (Degree or title)				23b. ADDRESS <u>Catholic Hosp 114 Harrison</u>		23c. DATE SIGNED <u>11/10/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-10-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster 218 Brooklyn Kas. C, Mo.</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. Virgil Herrick*

Licensed Embalmer No. *3599*

P. O. Address *J. 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.