

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

20724

State File No. \_\_\_\_\_

2491

FILED JUL 6 1956

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

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) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>10 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>1100 1/2 E. 22nd Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>		322	
3. NAME OF DECEASED (Type or Print) - a. (First) <b>Ruth</b> b. (Middle) <b>Mae</b> c. (Last) <b>Smith</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 2 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 3, 1913</b>
9. AGE (In years last birthday) <b>42 yrs.</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housemaid</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Atchison, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Arthur Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Maggie Hamilton</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>118-80-6051</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Celia Sanders 1100 1/2 E. 22nd Street</b>
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) <b>Uremia</b>  ANTECEDENT CAUSES DUE TO (b) <b>Chronic glomerulo nephritis</b> DUE TO (c) <b>Hypertension with failure.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5927	
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) (Min)		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>5-8-56</u> , 19 <u>  </u> , to <u>6-2-56</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>6-2-56</u> , 19 <u>  </u> , and that death occurred at <u>4:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. R. Peterson MD</i>		23b. ADDRESS <b>600 E. 22nd St.</b>	23c. DATE SIGNED <b>6-4-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/6/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>6-6-56</b>		REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>Walter Brant</i>		15th & Benton	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
W. R. Peterson

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.....  
Signature of Student Embalmer

Signed *Bruce R. Watkins*.....

Licensed Embalmer No. *450*

P. O. Address *18th & E*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.