

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

State File No. **27157**

FILED AUG 29 1956

BIRTH NO.		REG. DIST. NO. <b>110</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No. <b>3190</b>
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death.) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <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>2 weeks</b>		e. STREET ADDRESS (If rural, give location) <b>2014 West 41st Ave. \$159</b>		
4 d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Westport Rest Home</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b>		b. (Middle) <b>B.</b>		c. (Last) <b>Smith</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 7, 1956</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug. 15, 1871</b>	9. AGE (In years last birthday) <b>84</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Alliance, Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Allerton</b>		13b. MOTHER'S MAIDEN NAME <b>Pamelia Scranton</b>	14. NAME OF HUSBAND OR WIFE <b>Bartene Ralph Smith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elbert L. Smith, Overland Pk., Kans.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</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 <b>2 days</b>  <b>450°</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 <b>8-6</b> , 1956, to <b>8-7</b> , 1956, that I last saw the deceased alive on <b>8-7</b> , 1956, and that death occurred at <b>1:22 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>P. M. Nunn, M.D.</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1401 SW Blvd</b>		23c. DATE SIGNED <b>8-8-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Aug. 10, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-9-56</b>	REGISTRAR'S SIGNATURE <b>Mewa Munsell</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Funeral Home, Kansas City, Kans.</b>		

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 4694.....

P. O. Address..... K. B. No.....

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.

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