

No. 2  
-5-43  
5-17-39  
1 X36671

State File No. ....

FILED APR 15 1944/49  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 1453

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hosp. no. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sun 6:45 - Tues. 8:15  
24 hrs (Specify whether years, months or days)

In this community 24 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 801 Pacific  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME VINCEL SMITH

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex Female 5. Color or race col.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Leroy H. Smith

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased July 3 1919  
(Month) (Day) (Year)

8. AGE: Years 24 Months 8 Days 25  
If less than one day hr. min.

9. Birthplace Liberty, Mo.  
(City, town, & county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Columbus Miller

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Pearl Moore

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Stewart

(b) Address 801 Pacific

17. (a) Burial (b) Date thereof 4-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director N. E. Brown

(b) Address 1820 E 18 St

19. (a) 4-1-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28  
year 1944 hour 8:15 minute 0 M.

21. I hereby certify that I attended the deceased from Deputy Coroner  
that I last saw him alive on 0 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis  
Septicemia

Due to Generalized Peritonitis

Due to abortion self induced

Other conditions 0  
(Include pregnancy within 3 months of death)

Major findings: 0  
Of operations

Of autopsy yes 1/4/44

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place)

(a) Means of injury 0

23. Signature P. Richardson (M. D. or other)

Address 1832 Vine Date signed 3-30-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

A.B. Moore, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed A.B. Moore

Licensed Embalmer No. 2410

P. O. Address. 1820 E 18th St

**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.**