

1026

1938 OCT 21 PM 5 24

Certificate of Death

Certificate No.

1. NAME OF DECEASED (Print) EDITH LIVINGSTON SMITH
First Name Middle Name Last Name

PERSONAL AND STATISTICAL PARTICULARS
(May be filled in by Funeral Director)

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the physician)

2 USUAL RESIDENCE:
(If non-resident, give place and state) Borough West Palm Beach Fla
No. 211 Plymouth Tid. Ave. St.

16 PLACE OF DEATH: Borough LAT 32-57 N. Ave. St. No. LONG 77-34 W. St.

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

17 PREMISES:—HOSPITAL, TENEMENT, PRIVATE HOUSE, HOTEL, ETC. (If institution, give name) S/S SHAWNEE

4 WIFE } of ALPHEUS D.
HUSBAND }

18 DATE OF DEATH (Month) (Day) (Year) Oct 20, 1938

5 DATE OF BIRTH (Month) (Day) (Year) OF DECEDENT , 1

19 SEX Female 20 COLOR OR RACE White 21 ~~CHILD~~ ADULT (Cross out one)

6 AGE 66 yrs. 00 mos. 00 das. If LESS than 1 day, hrs. or min.

22 I HEREBY CERTIFY that I attended the deceased from Oct 20 8:30 AM 1938 to Oct 20 10:00 AM 1938

7 OCCUPATION A Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc. RETIRED

that I last saw her alive on Oct 20 1938, and that death occurred on the date stated above at 10:00 A.M.

B Industry or business in which work was done, as silk mill, sawmill, bank, etc. Housewife

I further certify that death did not occur as the result of accident, homicide, suicide, criminal abortion, acute or chronic poisoning, or in any suspicious or unusual manner.

C Date deceased last worked at this occupation (month and year) D Total time (years) spent in this occupation.

The principal cause of death and related causes of importance were as follows: DURATION Hypertensoid Heart Disease unknown

8 BIRTHPLACE (State or country) U.S.A.

Other contributory causes of importance: Cachexia
Senility & arteriosclerosis

9 How long in U. S. (if of foreign birth) Lite 10 How long resident in City of New York Non-Res

11 NAME OF FATHER OF DECEDENT Robert F Crary

Autopsy: Date of _____ Operation: Date of _____
Name of Operation _____

12 BIRTHPLACE OF FATHER (State or country) U.S.

What test confirmed diagnosis? _____

13 MAIDEN NAME OF MOTHER OF DECEDENT Alice Van Kleeck

Witness my hand this 21 day of October 1938

14 BIRTHPLACE OF MOTHER (State or country) U.S.

Signature John P. Malnar M. D.
Address 555 Shawnee

15 SIGNATURE OF INFORMANT Richard B. Smith

23 Pathological Diagnosis E. A. Chelton
Signature Master S. S. Shaw M. D.

RELATIONSHIP TO DECEASED Son

ADDRESS Chappagna N.Y.

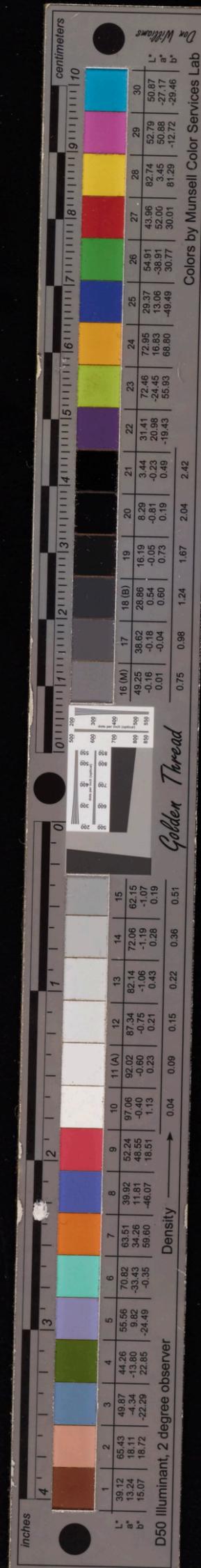
24 PLACE OF BURIAL OR CREMATION Ferncliff Crematory

DATE OF BURIAL OR CREMATION Oct 22 1938

25 FUNERAL DIRECTOR Chas R. Stewart ADDRESS 241 E 51ST ST. PERMIT NUMBER 3074

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING.

BORO-DEATH
INSTITUTION
BORO RESID
AREA-DIST
OCCUPATION
NATIV. DEC.
NATIV. MOTHER
CAUSE 1
CAUSE 2
OPERATION
TYPE ACCID.
O. T. ACCID.
ATT.-AUTOP.
CEM.



TO FUNERAL DIRECTORS

Regulation 3, Section 46 of the Sanitary Code, provides that—

"No permit to remove, ship, cremate or bury the remains *** will be issued unless the funeral director applying for such permit shall sign his name****and shall certify in writing that he has been employed by the nearest surviving relative or next of kin."

The personal and statistical particulars called for in the left half of the certificate of death MAY be filled in by the Funeral Director. The Funeral Director will be required to obtain and supply all available information, missing from this section of a death certificate when delivered to him by a physician or hospital. The death certificate of a child will not be accepted unless the date of birth is given in Item 5 and the age is correctly stated in Item 6. In every case, the information contained in this section shall be verified by the next of kin, or person authorizing the funeral, and the Informant, if a resident of New York City, or otherwise available, shall personally sign his or her full name, relationship to the deceased, and home address, in Item 15 of the certificate of death.

Certificates of death which are inaccurate or incomplete will be refused by Burial Permit Clerks unless accompanied by an affidavit from the Informant, correcting the error or supplying the missing information, or by the Funeral Director, if the Informant is not a resident of New York City and not otherwise available, stating that the missing information is unknown and unobtainable. Transcripts of incomplete or inaccurate certificates of death may be withheld by the Health Department. It is, therefore, to the interest of Funeral Directors to submit only complete and accurate death certificates to the Health Department.

Caskets containing bodies of persons dead from certain communicable diseases must be permanently sealed before removal from the place of death. Section 103 of the Sanitary Code of the Board of Health requires that every undertaker engaged for, or in charge of, the preparation and burial of the body of a person who died in the City of New York from any of the following diseases: **Asiatic Cholera, Diphtheria, Bubonic Plague, Acute Anterior Poliomyelitis (Infantile Paralysis), Scarlet Fever (Scarlatina) and Smallpox (Variola)**—shall immediately place the body in a coffin or casket and **permanently** close and seal it with seals provided for the purpose by the Department of Health.

Removal of bodies prohibited without permit. The regulations of the Board of Health prohibit the removal of the body of a human being, who died in the City of New York, unless a permit therefor has been obtained from the Department of Health, except when such removal is ordered in connection with an investigation conducted by the Office of the Chief Medical Examiner, a District Attorney or the Police Department.

Permission to remove dead bodies granted by telephone. In keeping with these regulations, the Department of Health will grant to funeral directors by telephone, permission for the removal of a body to a home or funeral chapel, provided the application is made by a licensed undertaker who has the certificate of death in his possession at the time of telephoning. With this form of death certificate, it is **not** necessary for the Funeral Director to obtain the supplementary certification from the attending physician—Form 113-H—that death was not due to a cause that must be referred to the Office of the Chief Medical Examiner for investigation.

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, to dispose of the remains of Edith B. Smith.

by Richard Smith. of Chappaqua N.Y.

who is the nearest of kin and the nearest surviving relative or next of kin of the deceased.
(Relationship)

This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

(Signature) [Signature] Permit No. 3074

Business Address 241 E. 51 St N.Y.C.

To Be Filled In by the Undertaker When Obtaining Removal Permit by Telephone

Telephone Removal No. 27 granted by [Signature] (Burial Clerk)

Date Oct 21 Hour 3:30 (A.M.) [Signature] (Undertaker)
(P.M.)

Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.

memo
 12/19/38
 2

Inches

centimeters

1	39.12	65.43	49.87	44.26	13.24	15.07
2	39.12	65.43	49.87	44.26	13.24	15.07
3	39.12	65.43	49.87	44.26	13.24	15.07
4	39.12	65.43	49.87	44.26	13.24	15.07
5	39.12	65.43	49.87	44.26	13.24	15.07
6	39.12	65.43	49.87	44.26	13.24	15.07
7	39.12	65.43	49.87	44.26	13.24	15.07
8	39.12	65.43	49.87	44.26	13.24	15.07
9	39.12	65.43	49.87	44.26	13.24	15.07
10	39.12	65.43	49.87	44.26	13.24	15.07
11 (A)	39.12	65.43	49.87	44.26	13.24	15.07
12	39.12	65.43	49.87	44.26	13.24	15.07
13	39.12	65.43	49.87	44.26	13.24	15.07
14	39.12	65.43	49.87	44.26	13.24	15.07
15	39.12	65.43	49.87	44.26	13.24	15.07

16 (M)	39.12	65.43	49.87	44.26	13.24	15.07
17	39.12	65.43	49.87	44.26	13.24	15.07
18 (B)	39.12	65.43	49.87	44.26	13.24	15.07
19	39.12	65.43	49.87	44.26	13.24	15.07
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25	39.12	65.43	49.87	44.26	13.24	15.07
26	39.12	65.43	49.87	44.26	13.24	15.07
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34	39.12	65.43	49.87	44.26	13.24	15.07
35	39.12	65.43	49.87	44.26	13.24	15.07
36	39.12	65.43	49.87	44.26	13.24	15.07
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45	39.12	65.43	49.87	44.26	13.24	15.07
46	39.12	65.43	49.87	44.26	13.24	15.07
47	39.12	65.43	49.87	44.26	13.24	15.07
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52	39.12	65.43	49.87	44.26	13.24	15.07
53	39.12	65.43	49.87	44.26	13.24	15.07
54	39.12	65.43	49.87	44.26	13.24	15.07
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56	39.12	65.43	49.87	44.26	13.24	15.07
57	39.12	65.43	49.87	44.26	13.24	15.07
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63	39.12	65.43	49.87	44.26	13.24	15.07
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65	39.12	65.43	49.87	44.26	13.24	15.07
66	39.12	65.43	49.87	44.26	13.24	15.07
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70	39.12	65.43	49.87	44.26	13.24	15.07

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75	39.12	65.43	49.87	44.26	13.24	15.07
76	39.12	65.43	49.87	44.26	13.24	15.07
77	39.12	65.43	49.87	44.26	13.24	15.07
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82	39.12	65.43	49.87	44.26	13.24	15.07
83	39.12	65.43	49.87	44.26	13.24	15.07
84	39.12	65.43	49.87	44.26	13.24	15.07
85	39.12	65.43	49.87	44.26	13.24	15.07
86	39.12	65.43	49.87	44.26	13.24	15.07
87	39.12	65.43	49.87	44.26	13.24	15.07
88	39.12	65.43	49.87	44.26	13.24	15.07
89	39.12	65.43	49.87	44.26	13.24	15.07
90	39.12	65.43	49.87	44.26	13.24	15.07

91	39.12	65.43	49.87	44.26	13.24	15.07
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95	39.12	65.43	49.87	44.26	13.24	15.07
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97	39.12	65.43	49.87	44.26	13.24	15.07
98	39.12	65.43	49.87	44.26	13.24	15.07
99	39.12	65.43	49.87	44.26	13.24	15.07
100	39.12	65.43	49.87	44.26	13.24	15.07

101	39.12	65.43	49.87	44.26	13.24	15.07
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104	39.12	65.43	49.87	44.26	13.24	15.07
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