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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1943

Registration District No. 7

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26960

Primary Registration District No. 529-13014

Registrar's No. 62.

1. PLACE OF DEATH:

(a) County: Clay

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

(c) Name of hospital or institution: 100 7 Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: ~~100 7~~ 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Buchanan 11

(c) City or town: St Joseph 1
(If outside city or town limits, write "RURAL") 7

(d) Street No.: unk
(If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: CHARLES B Smith

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

3. (c) Social Security No.: no

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, divorced: 2 widower

6. (b) Name of husband or wife: no

6. (c) Age of husband or wife if alive: no years

7. Birth date of deceased: Jan (Month) 6 (Day) 1850 (Year)

8. AGE: Years 92 Months 7 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace: Gentry Co (City, town, or county) no O (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Charles Smith
13. Birthplace: unk (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: unk
15. Birthplace: unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Paul Rogers Sept 2007 By
(b) Address: Liberty Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation: 100 F cemetery

18. (a) Signature of funeral director: Kruse Hill Funeral Home
(b) Address: Liberty mo

19. (a) Aug 17 1942 (Date received by registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day Aug year 1942 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mar 8 1942 to Aug 15 1942 that I last saw him alive on Aug 15 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Arteriosclerosis	20 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 97	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Burton Maltby (M. D. or other) M.D.
Address: Liberty Mo Date signed 12-8-42

926

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-7-42

FEB 18 1946

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 myself, Registered Apprentice No. working under my personal supervision.

Signed Victor E. Irminger

Licensed Embalmer No. 2896

P. O. Address Liberty Missouri

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.