

FILED APR 13 1944

Registration District No. 13

Primary Registration District No. 3012

Registrar's No. 25

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: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 1/2 yrs. years, months or days

3. (a) PRINT FULL NAME CLARENCE 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, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 27 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 2 If less than one day hr. _____ min.

9. Birthplace Some where in Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation STORE KEEPER

11. Industry or business _____

MOTHER FATHER

12. Name unk

13. Birthplace unk 9
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr B.P. Thompson my vic.

(b) Address Liberty, Mo.

17. (a) Burial (b) Date thereof 3/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director James Hill Funeral Home

(b) Address Liberty, Mo.

19. (a) Mar. 2, 1944 (b) Aelen Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County clay 24
(c) City or town LIBERTY 3
(If outside city or town limits, write "RURAL") 1
(d) Street No. W. KANSAS ST. From Min 84
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
year 1944 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 8 1944 to Feb. 29 1944
that I last saw him alive on Feb. 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Chronic streptococcal infection from abscessed tooth 5 yrs.
Due to _____

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

Major findings: Of operations g3d

Of autopsy _____

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 Malby (M. D. or other) M.D.
Address Liberty, Mo. Date signed 3-1-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Officer No. 8,

Date Filed

4-12-64

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.....

Self.

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Victor E. Truniger

Licensed Embalmer No.

2820

P. O. Address.....

Liberty, Mo.

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.