

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED FEB 28 1946

Registration District No.

Primary Registration District No. 4026

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Purdy
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 57 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clinton Smith

3. (b) If veteran, name war. 3: (c) Social Security No. none

4. Sex male Color or race white
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 July 11 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Washington Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Monument Engraving

12. Name James Smith

13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Susan Ellen Irish

15. Birthplace Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Campbell

(b) Address Seattle Washington

17. (a) Burial (b) Date thereof 12-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdy Cemetery

18. (a) Signature of funeral director T. N. Blankenship

(b) Address Monett Mo.

19. (a) 1-29-46 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Purdy
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 000

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 22
year 1946 hour about 10 minute PM M.

21. I hereby certify that I attended the deceased from July 1st 1941 to Jan 22 1946
that I last saw him alive on Jan 20 1946
and that death occurred on the day and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration Instant

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work (Specify type of place) (e) Means of injury

23. Signature J. D. Baldwin (M. D. or other) 1-29-46
Address Purdy Mo Date signed

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

3542

RECEIVED

District Health Officer No. 6;

District File Number 146-763

Date Filed FEB 26 1946

MAR 4 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.