

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9343
 Do not use this space.

REC'D APR 17 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 389
 (b) Township Kaw Primary Registration District No. 1002
 (c) City or Leaves City (d) Street No. Ambassador Hotel St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 44 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

5341 Clark W. Smith
 (a) Residence, No. Ambassador Hotel St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1869
7. AGE YEARS 70 MONTHS 0 DAYS 1 If LESS than 1 day,hrs. ormin.
OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Real Estate + Ins.
10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Twin Mounds Kansas
FATHER
13. NAME Irvin Hiram
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
MOTHER
15. MAIDEN NAME Celinda Buch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (ADDRESS) Mrs. Ruth Smith Dore Spokane, Washington
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar. 3, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) McComber's Sons Brushcreek + Paces
20. FILED 3-2-1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar: 1, 1939
22. I HEREBY CERTIFY, That I attended, deceased from June 2, 1938 to March 1, 1939.
 I last saw him alive on March 1, 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of prostate
51
 Other contributory causes of importance:
Uremia
 Name of operating physician Robert Weathers Date of operation July 25
 What test confirmed diagnosis Chemical Was there an autopsy? No.
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) H. P. Conaghan M. D.
 (Address) 1116 Prof. Bldg. K.C. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 *H. W. Newcomer Jr*

Licensed Embalmer No. 40430

P. O. Address.....

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, above space should be left blank.