

JAN 13 1942

Registration District No. 827

Primary Registration District No. 4500

State File No. _____

Registrar's No. 29

1. PLACE OF DEATH:

(a) County SHELBY
 (b) City or town CLARENCE
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether)
 In this community 33 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SHELBY
 (c) City or town CLARENCE
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT

FULL NAME KIRBY, L. SMITH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED
 6. (b) Name of husband or wife DORCHEA SMITH 6. (c) Age of husband or wife if alive 24 years
 7. Birth date of deceased Oct 2, 1908
 (Month) (Day) (Year)

8. AGE: Years 33. Months 2 Days 2 If less than one day
 hr. _____ min. _____

9. Birthplace SHELBY (City, town, or county) (State or foreign country) MO

10. Usual occupation Mechanic

11. Industry or business Own Garage

MOTHER FATHER { 12. Name KIRBY SMITH SR
 13. Birthplace MO (City, town, or county) (State or foreign country) MO
 14. Maiden name MARY McNEIRE
 15. Birthplace MO. (City, town, or county) (State or foreign country) MO.

16. (a) Informant Mrs. DORCHEA SMITH
 (b) Address CLARENCE MO
 17. (a) MAPLE WOOD (b) Date thereof 12-7-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MAPLE WOOD

18. (a) Signature of funeral director William Barklin
 (b) Address Clarence MO
 19. (a) Dec 18-1941 (b) Kay Hamilton
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
 year 1941 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Suicide by shooting himself
in the right temple with a
38 calibre revolver
 Due to _____
 Due to Verdict of coroner's jury

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) Suicide
 (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 E. P. Thompson (M. D. or other) Coroner
 Address Shelbyville, MO Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 142-17

Date Filed JAN 9 1942

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 Henry A. Bachelard

Licensed Embalmer No. 3835

P. O. Address Shelburne, Vt.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43162

Registration District No. 827

Primary Registration District No. 4500

Registrar's No. _____

1. PLACE OF DEATH: Shelby
 (a) County Shelby
 (b) City or town Clarence
(If outside city or town limits, write "RURAL" and name of township)
 (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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Kirby L Smith
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December
 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 to _____, 19____;
 that I observed him live on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 2
(Month) (Day) (Year)
 8. AGE: Years 33 Months 2 Days _____
(If less than one day min.)

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death) 1640

9. Birthplace _____
(City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 16. (a) Informant _____ (b) Address _____
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____ (b) Address _____
 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) suicide
 (b) Date of occurrence Dec - 4 - 1941
 (c) Where did injury occur? Clarence Shelby Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In a shed at rear of Langenbach Store
 While at work? no (Specify type of place) (e) Means of injury revolver
 23. Signature E. P. Thompson (M. D. or other)
 Address Shelbyville, Mo. Date signed 12-4-41

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

SUPPLEMENTARY

S-43162