

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community 64 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Rural Route 2 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles north West Ely
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM CALVIN SMITH

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

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Bonnie Smith 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Dec 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Ray Mo (City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Phillip Smith
13. Birthplace Ray Mo (City, town or county) (State or foreign country)
14. Maiden name Mollie Dockery
15. Birthplace Ray Mo (City, town or county) (State or foreign country)

16. (a) Informant Mrs Bonnie Smith
(b) Address Hearney Mo R.R. 2

17. (a) Burial (b) Date thereof July 16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Ray Mo

18. (a) Signature of funeral director Herbert J. Lopez
(b) Address Excelsior Springs Mo

19. (a) 7-16-44 (Date received local registrar) (b) Mrs. Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 5 1944 to July 13 1944
that I last saw him alive on July 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess in Duration _____
Pancreas, spleen, + sub-
diaphragmatic cavity
Due to Phlegmon ulcer of liver
Stomach which had
perforated
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy As above given

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 John T. Grady M.D. or other _____
Address Excelsior Springs Mo Date signed 7/17/44

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

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RECEIVED
District Health Officer, No. 8,
District File Number
Date Filed 8-5-44

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 James A Moles
Licensed Embalmer No. 3296
P. O. Address Ex Springs 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.