

Registration District No. **72**

Primary Registration District No. **5292**

1. PLACE OF DEATH:

(a) County **CLAY**
(b) City or town **SMITHVILLE, R.F.D. 1**
(c) Name of hospital or institution: **HOME**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **LIFETIME**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **CLAY** **24**
(c) City or town **SMITHVILLE, R.F.D.** **0**
(If outside city or town limits, write "RURAL") **0**
(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 GERTRUDE WADE COLLEY

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ARTHUR C. COLLEY** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **OCT. 15 1880**
(Month) (Day) (Year)

8. AGE: Years **64** Months **3** Days **5** If less than one day hr. min.

9. Birthplace **CLAY COUNTY, MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **FARM**

MOTHER FATHER { 12. Name **BERRY WADE**

13. Birthplace **CLAY COUNTY, MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **ALICE MARR**

15. Birthplace **CLAY COUNTY, MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **ARTHUR C. COLLEY**

(b) Address **SMITHVILLE, MO. R.F.D.**

17. (a) **BURIAL** (b) Date thereof **1/23/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SMITHVILLE, MO.**

18. (a) Signature of funeral director **McCombs General Home**

(b) Address **Smithville, Mo.**

19. (a) **Jan 22 1945** (b) **Rich W Henry**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **20**
year **1945** hour **7** minute **8** A.M.

21. I hereby certify that I attended the deceased from **11/1 1945** to **1/20 1945**
that I last saw ~~her~~ alive on **1/20/45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary & Resp failure returning from cabin's** Duration _____
Due to _____

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

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of Injury _____

23. Signature **D.A.E. Smith** M.D. Date signed **Jan 23 1945**
Address **Smithville, Mo.**

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

400

RECEIVED

Health Officer, City of St. Louis, Mo.

Date Filed 2-7-45

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 S. A. McCowen,

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.