S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36920

Registration District No. 72 — Primary Registration District No. 4134 — Registrar's No. 96

24
0
0

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Smithville, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Smithville Community Hospt
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Rural
(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 William Cordry

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Unknown 9

6. (b) Name of husband or wife ? ? 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased June (Month) 29 (Day) 1860 (Year)

8. AGE: Years 84 | Months 4 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Tallaquah TOLAKAH (City, town, or county) Okla-1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name ?
13. Birthplace ? (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) 9 (State or foreign country)

16. (a) Informant Allen Gorancey
(b) Address Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill Mo.

19. (a) Nov 6th 1945 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day Nov. year 1945 hour 3:30 minute 9 M.

21. I hereby certify that I attended the deceased from Oct 29, 1945 to Nov. 3, 1945 that I last saw him alive on Nov 2, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Arterio Sclerosis Gangrene of Right foot & ankle

Due to Diabetes Mellitus

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

Duration

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury 0

23. Signature E B Hobbs (M. D. or other) MD

Address Smithville, Mo Date signed Nov 3-45

1411

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-5-45

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 By me 11-3-45, Registered Apprentice No. , working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill M

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.