

**FILED** MAR 13 1946  
Registration District No. 72

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town North Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home 2120 Clay St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXXX (Specify whether  
years, months or days)  
In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town North Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. XXXX (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 23 day 1946  
year 1946 hour 9 minute 30 AM.  
21. I hereby certify that I attended the deceased from 2-23-46  
\_\_\_\_\_ 19 \_\_\_\_\_ to 2-23-46, 19 \_\_\_\_\_  
that I last saw him in alive on 2-23-46, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations gtd  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Duration

PHYSICIAN

3. (a) PRINT FULL NAME Lloyd Emerson Best  
3. (b) If veteran, name war No. 3. (c) Social Security No. 486-10-0747

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 1 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 8 22 X hr. X min.

9. Birthplace Liberty Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Car Cooper

11. Industry or business Larbee Flour Mills

12. Name Merdith Dean Best

13. Birthplace Mason County Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy B. Creek

15. Birthplace Clay Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary E. Best

(b) Address 2120 Clay St No. Kansas City

17. (a) Burial (b) Date thereof 2/26-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director Morton-Smith's Funer  
(b) Address 833 Armour No. Kan. City Home

19. (a) Feb 25 1946 (b) Beulah Titcher  
(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) \_\_\_\_\_  
(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) (c) Means of injury 0

23. Signature John Langley (M. D. or other) \_\_\_\_\_

Address No. Kansas City Date signed 2-25-46

24  
3  
1  
3975  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-13-46

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 me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed T. Leroy O. Smith

Licensed Embalmer No. 3928

P. O. Address 832 Arroyo Rd.

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.