S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1946

State File No. 4977

Registration District No. 72 — Primary Registration District No. 41 3 80 — Registrar's No. 15

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Burmingham (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 15 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Burmingham Mo. (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 Burgess Clampitt
3. (b) If veteran, name war no.
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susie Clampitt
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased July (Month) 22 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
75	6	17	✓ hr. ✓ min.

9. Birthplace Breckenridge (City, town, or county) Ill (State or foreign country)
10. Usual occupation Retired Farmer.
11. Industry or business ✓
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Francis Shannon
(b) Address North Kansas City Mo. R5
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo.
18. (a) Signature of funeral director Morton Smith
(b) Address 832 Armour Road N.K.C. Mo.
19. (a) Feb 12th 1946 (Date received local registrar) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 1946, year 1946 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from 11-26-45, 19__, to 1/16/46, 19__; that I last saw him alive on [redacted] 1/16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	2 hrs
Due to: Arteriosclerosis	[illegible]
Due to:	
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)
(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 R H Dunham M.D. (M. D. or other)
Address North K.C. Mo. Date signed 2/11/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3-12-46

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 Theron D Smith

Licensed Embalmer No. 3928

P. O. Address 832 Anson Rd No. 15, C.

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.