

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

**FILED JUN 13 1946**

Registration District No. 12

Primary Registration District No. 4134

Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
14978

1. PLACE OF DEATH:

(a) County Chay

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

(c) Name of hospital or institution:  
Smithville 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE  
(Specify whether years, months or days)

In this community LIFE TIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Chay 24

(c) City or town SMITHVILLE  
(If outside city or town limits, write "RURAL")

(d) Street No. SAME  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country NONE

3. (a) PRINT FULL NAME Birt Town

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3  
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-7, 1942, to 4-24, 1945  
that I last saw him alive on 4-24-45 and that death occurred on the date and hour stated above.

4. Sex MALE ( ) 5. Color or race white

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EFFIE F. McCORRKE

6. (c) Age of husband or wife if alive 75 years

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

Immediate cause of death Generalized Arterio Sclerosis, Ch. myocardial Degeneration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

85 7 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation RETIRED 25 YEARS

11. Industry or business FARMER - GROCERYMAN

12. Name JAMES TOWN

13. Birthplace UNKOWN 9  
(City, town, or county) (State or foreign country)

14. Maiden name MARY LARIMORE

15. Birthplace UNKOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant SIBNEY B. TOWN

(b) Address Smithville Missouri

17. (a) BURIAL (b) Date thereof MAY 5 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Mo.

18. (a) Signature of funeral director McCOMAS FUNERAL HOME

(b) Address Smithville Missouri

19. (a) May 5<sup>th</sup> 1946 Beulah Kitchen  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy A7

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 INTO

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Smithville Mo Date signed 5

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 0-12-86

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 CHD

CHD....., Registered Apprentice No. CP  
working under my personal supervision.

Signed Dwain J. Rogers Jr.

Licensed Embalmer No. 3940

P. O. Address Smithville, Missouri

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.