

FILED NOV 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36458

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>142</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 mo. 21 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3088</u> OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>412 Norton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp. Excelsior Springs, Mo.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>November 13, 1950</u>			
3. NAME OF DECEASED a. (First) <u>William</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Town</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 26, 1920</u>	
9. AGE (In years last birthday) <u>30</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ice Cream Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo. U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert Town</u>		13b. MOTHER'S MAIDEN NAME <u>May Herrington</u>		14. NAME OF HUSBAND OR WIFE <u>Winona Town</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give way or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>496099058</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>tuberculosis, meningitis, and glandular involvement,</u> ANTECEDENT CAUSES <u>cbvrical</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						<u>DC 2X</u>	
19a. DATE OF OPERATION <u>--</u>		19b. MAJOR FINDINGS OF OPERATION <u>--</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>--</u>			
22. I hereby certify that I attended the deceased from <u>Aug. 24, 1950</u> , to <u>Nov. 13, 1950</u> , and that death occurred at <u>3:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>ROY K. SMITH</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>11/13/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/13-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Don't know</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/13/50</u>		REGISTRAR'S SIGNATURE <u>Caroline Dutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chase O. Hope</u>		ADDRESS <u>Excelsior Spgs Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

948

22410



MAY 11 1951

JUN 29 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Chas. Hope

Signed.....
Student Embalmer

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.