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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36910

State File No.

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 91

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 da. (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) ~~Street No.~~ Near Smithville Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Orlando S. Harmon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Mary B. Cupper Harmon

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June (Month) 30 (Day) 1864 (Year)

8. AGE: Years 78 Months 4 Days 6 If less than one day hr. min.

9. Birthplace DeKalb (City, town, or county) Mo (State or foreign country)

10. Usual occupation Retired M. Dr.

11. Industry or business

FATHER
12. Name John Sampson Harmon
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Hargrove
15. Birthplace DeKalb (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Helen Harmon Crowe
(b) Address 5010 Michigan Ave, Kansas City Mo

17. (a) DeKalb Mo (Burial, cremation, or removal) (b) Date thereof 11/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation Burial DeKalb Mo.

18. (a) Signature of funeral director Weston Bethel & Bowman
(b) Address St Joseph Mo.

19. (a) Nov. 6 1942 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 6 1942 day
year hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1942, to Nov. 6, 1942, that I last saw him alive on Nov. 5, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Carcinoma of Bladder

Due to

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

23. Signature C B Hobbs M D (M. D. or other)
Address Smithville, Mo Date signed 11-6-42

1021 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 12-2-42

JUN 13 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ will be embalmed by me, or by ~~me~~ 11-6-4

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wm. E. Simmes Jr.

Licensed Embalmer No. 3007

P. O. Address 319 So 10 St Joseph 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.