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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3211

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 72

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2
1

1496

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

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Marceline 2
(If outside city or town limits, write "RURAL")

(d) Street No. E. Santa Fe 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry B Smedley

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 5 (Day) 1882 (Year)

8. AGE: Years 64 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Real Estate & Insurance

11. Industry or business

FATHER
12. Name Thomas A Smedley
13. Birthplace Ethel Macon Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Minerva A Baldwin
15. Birthplace New Cambria (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Miss Ethna Smedley

(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 13 (Day) 1946 (Year)

(c) Place: burial or cremation New Cambria Mo

18. (a) Signature of funeral director James M Laughlin

(b) Address Marceline Mo.

19. (a) 1-11-46 (Date received local registrar) (b) L E Shelton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 12 hour 30 minute P M.

21. I hereby certify that I attended the deceased from Jan 4 1946 to Jan 11 1946; that I last saw him alive on Jan 4 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 46

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 P. L. Patrick (M. D. or other)

Address Marceline Mo Date signed 1-12-46

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(Licensed Embalmer's Statement on Reverse Side)

Patrick

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 .....

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

working under my personal supervision.

Signed Blanche M. Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline 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.