

FILED MAR 10 1947

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 287

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 days
In this community life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt
(c) City or town Corning
(If outside city or town limits, write "RURAL")
(d) Street No. Corning
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Larry Eugene Smiley
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 24
1947 year hour 2 minute _____ P. M.

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 27 years (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 6, 1947, to Feb 24, 1947
that I last saw him alive on Feb 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Epidemic Scourge of New-born Duration 18 da

8. AGE: Years Months Days If less than one day
0 0 27 hr. _____ min.

Due to _____
Due to _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation None

Major findings: Of operations _____

11. Industry or business None

Of autopsy _____
1197
PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Eugene Smiley

13. Birthplace Agency Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gretchen Ingman

15. Birthplace DeKalb Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Smiley
(b) Address Corning, Mo.

17. (a) Burial (b) Date thereof 2/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Agency Cemetery
(d) Signature of funeral director Heaton - Bordman
(b) Address St. Joseph, Mo.

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 plans) _____
While at work? _____ (e) Means of injury _____

19. (a) March 6, 1947 (b) La La Jenkins
(Date received local registrar) (Registrar's signature)

23. Signature W. Roger Moore (M. D. or _____)
Address St. Joseph Mo. Date signed 3/2/47

Evans 12/1/19

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 *Eugene Wood*

Licensed Embalmer No. *3824*

P. O. Address *319 So. 10th, 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.