

NOV 15 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

35098

85

992

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

Missouri Methodist Hospital

File No. ....

Registered No. ....

St. ....

Ward) ....

2. FULL NAME

(a) Residence, No. ....

St., .... Ward. ....

Mooresville, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

about 73

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Livingston Co Mo.

13. NAME

Lowr Harlow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

15. MAIDEN NAME

Susan Harlow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

17. INFORMANT (ADDRESS)

J. H. Rothwell

18. CREATION, OR REMOVAL PLACE

Mooresville, Mo.

Chillicothe DATE 10 2 38

19. UNDERTAKER (ADDRESS)

F. B. Norman

20. FILED

Oct 1, 1938

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

9/27, 1938, to 10/11, 1938

I last saw him alive on 10/11, 1938. Death is said to have occurred on the date stated above, at 11 PM.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Carcinoma of  
bladder. Prostate  
51  
510

Name of operation

Prostate resection Date of 9/12/38

What test confirmed diagnosis? Cultural Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Greenberg M. D.

(Address) St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Elton E. Norman, Licensed Embalmer No. 4036  
hereby certify that the body recorded on the reverse side of this  
Certificate was embalmed by me

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) Elton E. Norman

Licensed Embalmer No. 4036

**NOTE:** This check MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(Failure to comply with the above regulation constitutes grounds for revocation of license.)