JAN 17 1938

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

42272
Do not use this space.

1. PLACE OF DEATH
(a) County Bates
Registration District No. 366
(b) Township Spruce
Primary Registration District No. 5091
Registered No. 6
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Sherman Harbert
(a) Residence, No. RFD #4 Montrose Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Callie Harbert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1865
7. AGE YEARS 73 MONTHS 5 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer
9. Industry or business in which work was done, as 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) Bates Co. Mo.

FATHER
13. NAME James Harbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Anna McCool
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Callie Harbert Montrose Mo. RFD #4
18. BURIAL, CREMATION, OR REMOVAL
PLACE Johnstown Cem. DATE Dec. 13/38
19. FUNERAL DIRECTOR (NAME) Booths
(ADDRESS) Rich Hill Missouri
20. FILED Dec 13, 1938 Grace V. Odneal Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1938 to Dec 12, 1938
I last saw him alive on Dec 11th, 1938 Death is said to have occurred on the date stated above, at 2 AM m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

107 N

Other contributory causes of importance:
Chronic bronchial asthma

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? no
If so, specify
(Signed) L. D. LaHue, M. D.
(Address) Butler, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 7
District File Number 7-39-112
Date Filed 1-12-39

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, John G Underwood, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Rich Hill 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, above space should be left blank.