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

Do not use this space.

35358

1. PLACE OF DEATH — REC'D NOV 9 1939

County Andrew — Registration District No. 11 — File No.

Township Clay — Primary Registration District No. 5014 — Registered No. 23

City Fillmore (No. ..., ... St. ..... Ward)

2. FULL NAME Samuel Batie Harman

(a) Residence, No. Farm near Fillmore St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary E. Harman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-3-1865

7. AGE: YEARS 74 — MONTHS 2 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

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) Bolckow Mo 0

FATHER

13. NAME Russel G. Harman 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown West Virginia 0

MOTHER

15. MAIDEN NAME Susie Batie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co Mo

17. INFORMANT (ADDRESS) John Harman Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cem Graham DATE 10-26- 1939

19. UNDERTAKER (ADDRESS) J Fred Terhune Savannah Mo

20. FILED Oct. 26, 1939 Mrs. Addie Barnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1939, to 10-24, 1939

I last saw her alive on Oct-21, 1939. Death is said to have occurred on the date stated above, at 630a m.

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

Coronary occlusion — Date of onset 10-21-39

Other contributory causes of importance: 94 b

Name of operation None — Date of

What test confirmed diagnosis? C & L. — 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 None

Nature of injury None

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

If so, specify

(Signed) M. L. Halliday, M. D.

(Address) Fillmore, Mo

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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.

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

I X9314

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turner Licensed Embalmer No. 1279

Hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by _____

or by _____, Registered Apprentice No. _____

(Signed) J. Fred Turner

Licensed Embalmer No. 1279

NOTE: *The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.*
(Failure to comply with the above registration requirements is grounds for revocation of license.)

RECEIVED
District Health Office No. 114
District File Number 1139-1457
Date Filed NOV 7 1939