

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

36718
 Do not use this space.

NOV 24 1939

1. PLACE OF DEATH

(a) County Monroe Registration District No. 579

(b) Township Marion Primary Registration District No. 579 Registered No. _____

(c) City Madison (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME George Henderson Harley

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellyson-Harley
I/15/1844

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	95	9	8	

OCCUPATION

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

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

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) Maryland

FATHER

13. NAME Wm. Mahlon Harley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER

15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) M. J. Harley
W. Carpenter
M. M. Moberly

18. BURIAL, CREMATION, OR REMOVAL PLACE. Sunset Hill, DATE 10/25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred A. Thompson
Madison, Mo

20. FILED 10/25 1939 M. M. Moberly
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to Oct. 23, 1939.
 I last saw him alive on Oct. 23, 1939. Death is said to have occurred on the date stated above, at 10:00 AM.
 The principal cause of death and related causes of importance were as follows:
General debility
acute myocarditis
 Date of onset 10-23-39

Other contributory causes of importance:
General debility

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? no
 If so, specify _____ (Signed) M. M. Moberly M. D.
 (Address) Madison, Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 11-39-1928

Date Filed NOV 14 1939

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 *Martha Thompson*

Licensed Embalmer No. 3282

P. O. Address Madison, 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.