

36984

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 734

Primary Registration District No. 3034

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Randolph *1577 JUN 20*

(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Sixty years (years, months or days)

3. (a) PRINT FULL NAME FRANK WILEY HARMON

3. (b) If veteran, name war 710

3. (c) Social Security No. 702-05-4540

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 \_\_\_\_\_ years

7. Birth date of deceased: Feb. - 4 - 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 7 26 hr. min.

9. Birthplace Randolph Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Householder Wabash Shaps

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Henry Harmon

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

MOTHER { 14. Maiden name James E. Reynolds

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

16. (a) Informant's own signature Matth Harmon

(b) Address 1224 Franklin St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct - 2 - 1939  
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly Oakland Cemetery

18. (a) Signature of funeral director Signor Funeral Home

(b) Address Moberly, MO.

19. (a) Oct 2 - 1939 (Date received local registrar) (b) Seall Valleaus (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 1224 Franklin St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1939 hour Two minute Ten A. M.

21. I hereby certify that I attended the deceased from Sept 23 1939 to Sept 30 1939; that I last saw him alive on Sept 29 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 days  
Bronchial infection, the flu

Due to flu 1 1/2 wk.

Due to myocarditis 1 1/2 wk.

Other conditions (Include pregnancy within 3 months of death) L. E. Huber, MD

Major findings: Of operations no

Of autopsy no

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. E. Huber (M. D.) \_\_\_\_\_  
Address Moberly, MO. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39  
50M-4-17-39  
I X1511

RECEIVED

District Health Officer No. 10

District File No. 11-39-1954

Date Filed NOV 15 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 myself

and A. M. Pater, Registered Apprentice No. 185  
working under my personal supervision.

Signed Chas. E. Barnes

Licensed Embalmer No. 2414

P. O. Address Motely 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.