

NOV 24 1939

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

37394
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 834
 (b) Township Pike Primary Registration District No. 6097 Registered No. 36
 (c) City Perkens (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 David Harmon
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/29/39

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 5 hrs. or min. _____

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. _____
 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) Perkens Mo

FATHER
 13. NAME Thos Harmon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamville Mo

MOTHER
 15. MAIDEN NAME Mary Foygher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perkens Mo

17. INFORMANT (ADDRESS) John Harmon
Osan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Perkens Mo DATE 10/30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Hengger and Co
Perkens Mo

20. FILED Nov 3 1939 D S McKeel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/29 1939 to 10/29 1939
 I last saw him alive on 10/29/39, 1939. Death is said to have occurred on the date stated above, at Perkens Mo
 The principal cause of death and related causes of importance were as follows:
Premature Death
 Date of onset _____

Other contributory causes of importance:
9 154

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) J. J. Clume M. D.
 (Address) Osan Mo

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. 2,

District File Number 1139-323

Date Filed 11-7

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

