

FILED FEB 15 1940

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

2201  
Do not use this space.

1. PLACE OF DEATH

(a) County Dallas Registration District No. 24  
(b) Township Sherman Primary Registration District No. 5011 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ or \_\_\_\_\_ (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 Winnie S Harmon 655

(a) Residence, No. Texas Dallas Co 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF U. B. Harmon  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 2 4  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Mo

FATHER 13. NAME Frank Dickey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winkham

MOTHER 15. MAIDEN NAME B. Winkham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT U. B. Harmon (ADDRESS) Texas Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Well DATE Feb 12, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) B. B. Jones  
Buffalo Mo

20. FILED Jan. 30, 1940 W. M. Stogsdill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1938, to 11-10, 1939

I last saw her alive on 11-5, 1939. Death is said to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast  
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Other contributory causes of importance:  
Broncho-Pneumonia 10-25-39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Smear 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 \_\_\_\_\_  
Cause of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Paul O. Harmon M. D.  
Buff Mo (Address)

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 2-40-226  
Date Filed 2-13-40

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**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.