

WHILE FLAINTY—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.

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Howell 10  
(b) City or town West Plains, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christa Hogan  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
(c) City or town West Plains, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 914 Webster  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25  
year 1939 hour 11 minute \_\_\_\_\_ P. A.M.  
21. I hereby certify that I attended the deceased from  
December 17, 1939, to December 25, 1939,  
that I last saw h. im alive \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Chronic Myocarditis Duration \_\_\_\_\_

3. (a) PRINT FULL NAME William Tandy Harlin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Irene Casey Harlin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 26, 1863  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Thompsonville, Ky.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Banker

11. Industry or business First National Bank  
12. Name John W. Harlin  
13. Birthplace Monroe Co., Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary A. Contin  
15. Birthplace Monroe Co., Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. Harlin  
(b) Address West Plains, Mo.  
17. (a) Burial (b) Date thereof Dec. 27, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation West Plains, Oaklawn Cem.  
18. (a) Signature of funeral director Hal Thompson  
(b) Address West Plains, Mo.  
19. (a) Dec. 27, 1939 (b) Vida W. SIMONS  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Cerebral Hemorrhage  
(Include pregnancy within 3 months of death)  
Intestinal Obstruction  
Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None

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) \_\_\_\_\_  
(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 W. Hogan (M. D. or other) \_\_\_\_\_  
Address West Plains, Mo. Date signed 12/27

**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, ~~on~~.....

Hal Thornburgh.....

Registered Apprentice No.....

working under my personal supervision.

**RECEIVED**

District Health Officer No. 5,

District File Number 240 157

Date Filed 2340

Signed.....

Hal Thornburgh

Licensed Embalmer No 3408

P. O. Address West Plains, 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.**