

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 40 yrs
years, months or days (Specify whether)

8. (a) PRINT FULL NAME Jesse A. Harrell 640

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 24 th 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business and Farming

12. Name Agusta Harrell

18. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Ward

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edgar Mabry

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 3/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo 522

19. (a) March 17, 1940 (b) Paul Hennefer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 th
year 1940 hour 9 minute 30 pm M.

21. I hereby certify that I attended the deceased from Mar. 10
_____, 1940, to Mar. 16, 1940,
that I last saw h im alive on Mar. 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial pneumonia Duration 3-10-40

Due to Cerebral Hemorrhage 2-28-40

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 James O. Helm (M. D. or other) _____
Address New Florence Mo. Date signed 3-18-40

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

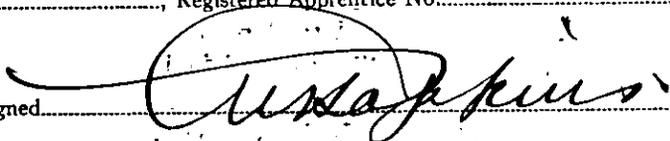
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 on the 16
day of March 1940..... Registered Apprentice No.....

working under my personal supervision.

Signed.....


.....
Licensed Embalmer No. 1487.....

P. O. Address Montgomery City 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.