

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.

11 15 1940

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

16409
Do not use this space.

1. PLACE OF DEATH
 (a) County Worth Registration District No. 905
 (b) Township Allen Primary Registration District No. 6211
 (c) City Worth or (d) Street No. _____ St.
 (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 Ben L. F. Harmon
 (a) Residence, No. Denver 1110 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Nora M. Harmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9, 1866

7. AGE YEARS 74 MONTHS 3 DAYS 12 If LESS than 1 day, _____ 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. Minister
 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) Gentry Co Mo

FATHER
 13. NAME Peter Harmon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
 15. MAIDEN NAME Caroline Coy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

17. INFORMANT (ADDRESS) Eugene Harmon Denver 1110

18. BURIAL, CREMATION, OR REMOVAL PLACE Pravie Chapel DATE April 23, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ben Bron Denver 1110

20. FILED May 13, 1940 A. L. Perry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1940 to April 21, 1940
 I last saw him alive on April 21, 1940 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Embolism
Broncho-pneumonia (secondary)
Chronic Glomerulonephritis
 Other contributory causes of importance: _____
 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 None
 (Signed) W. H. Bailey D.O. M. D.
Denver, Mo (Address)

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 J. J. Brown
Licensed Embalmer No. 2947

P. O. Address Denver, Ill.

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.

Registration District No. 905

Primary Registration District No. 6216

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Allen
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years 74 Months 3 Days 12

If less than one day
hr. min.

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town

(If outside city or town limits write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years

20. DATE OF DEATH

Month day 21
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from

19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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

Address

(If Do other)

Date signed

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

SUPPLEMENTAL CERTIFICATE

North Allen

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

Lewis Franklin

(Specify whether years, months or days)

Rest. F Harmon

m

w

m

74 3 12

(City, town, or county) (State or foreign country)

(City, town, or county) (State or foreign country)

(City, town, or county) (State or foreign country)

(Month) (Day) (Year)

(Date received local registrar) (Registrar's signature)

Month day 21
year 1940 hour minute M.

19 to 19

19

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

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While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Address

(If Do other)

Date signed

July 8, 1940 A. L. Perry

J. H. Hailley
Denver, Mo. Date signed

