DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22255

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 190

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

(c) City or town Ilasco (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.

3. (a) PRINT FULL NAME Harbourn Infant 616

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased June (Month) 28 (Day) 1940 (Year)

8. AGE: Years — Months — Days — If less than one day hr. 2 min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Do not Know
13. Birthplace Do not Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia Harbourn
15. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Lydia Harbourn

(b) Address Ilasco, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive & Cemetery

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address Hannibal Mo.

19. (a) 6-26-40 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25-40

year hour minute M.

21. I hereby certify that I attended the deceased from June 25, 1940, to June 25, 1940 that I last saw her alive on June 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Premature 7 Duration Mo.

Due to Malformation

Due to Encephalic lived few minutes

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

157 D

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Salyer (M. D. ~~or other~~)

Address Hannibal Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.

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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.