

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

32184
 Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Arcadia Primary Registration District No. 8546a Registered No. 58
 (c) City..... (d) Street No. Home for Aged Baptist 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. moa. ds.

2. PRINT FULL NAME

(a) Residence, Mrs. Mary Jane Harmon
Home for Aged Baptists, Ironton, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jerry Harmon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1850
 7. AGE YEARS 90 MONTHS 6 DAYS 29 If LESS than 1 day, hrs. or min.
 OCCUPATION 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. Housewife
 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) Key County, Mo.

FATHER 13. NAME John Beasley

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mrs. McDonald

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key County, Mo.

17. INFORMANT (ADDRESS) Mrs. J. Burney, Ironton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE Sept 14, 1940

19. FUNERAL DIRECTOR (ADDRESS) A. J. White, Ironton Mo.

20. FILED 9-20-40 Julia A. Hunton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12th, 1940, to Sept. 13th, 1940, I last saw her alive on Sept. 12th, 1940. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
 Chronic arthritis
 Senility
 Date of onset ?
 Other contributory causes of importance: ?
 ?

Name of operation..... Date of.....
 What test confirmed diagnosis? Phys. Exam 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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify R. E. Harland M. D.
 (Signed) Chronton Ironton, Mo.
 Address.....

A review 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.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)