

REC'D OCT 18 1940  
298

Registration District No. **298** Primary Registration District No. **5554**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Independence, Missouri**  
(c) Name of hospital or institution: **1930 Willow (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: **2**  
In hospital or institution. (Specify whether)

In this community  
years, months or days

3. (a) PRINT FULL NAME **Mrs. Laura Jane Harberson**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **David Moses Harberson** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **April 15 1864**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76 5 21** hr. min.

9. Birthplace **Louisville, Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **John S. Crouch** **Kentucky**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret A. Rutledge**

15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Paul E. Wren**

(b) Address **1930 Willow, Independence, Mo**

17. (a) **burial** (b) Date thereof **10/3/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **R. V. Lindsey & Son**

(b) Address **3911 Broadway**

19. (a) **Oct 7, 40** (b) **F. L. Cook**  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Independence**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1930 Willow**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **6**  
year **1940** hour **2:10 P.M.** minute **M.**

21. I hereby certify that I attended the deceased from **Sept 30 1940**, 19 **Oct 6, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Congestive Septicemia**  
Due to **Hypertensive Heart Disease**  
and **Anemia**

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?  
**360** (Specify type of place) (e) Means of injury

23. Signature **John S. Crouch** (M. D. or other)  
Address **Independence** Date signed **10/7/40**

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

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

Dr. Charles Shadrake

1314 W. Olive Hill  
129 National Road  
St. Louis

Graves No.

Family:

M. E. son 704  
1100 W. 9th St.

(Dr. Shadrake)

**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 *Roscoe Steedley*

Licensed Embalmer No. 3738

P. O. Address *St. Louis*

**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.**