DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34893

Registration District No. 85 Primary Registration District No. 5127 Registrar's No. 1110

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) ~~City or town~~ St. Joseph Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 38th. Angelique
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 38th. Angelique
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME OBIE EDMOND HARMON
3. (b) If veteran, name war none
3. (c) Social Security No. 500-10-4545
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Harmon
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Oct. (Month) 25th. (Day) 1881 (Year)

8. AGE: Years 58 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Pattonsburg (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Boiler Mkr.
11. Industry or business C.B.Q. RR.
FATHER
12. Name Geo. Harmon
13. Birthplace Pattonsburg (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Sarah Talley
15. Birthplace Pattonsburg (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs H.C. Snyder
(b) Address 2230 S.3rd. St. Joseph, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-20-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Pattonsburg, Mo.
18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address ST. JOSEPH, MO.
19. (a) 10/21/40 (Date received local registrar) (b) H J Mastlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1940 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from Oct 17th, 1940 to Oct 18th, 1940
that I last saw him alive on Oct 18th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death ~~#####~~ Chronic Myocarditis

Due to Rheumatism

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

Duration

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?
85 (Specify type of place)
While at work? (e) Means of injury

23. Signature B.W. Tadlock (M. D. or other) MD
Address King Hill Bldg ST. JOSEPH Date signed 12/18/40

(Licensed Embalmer's Statement on Reverse Side)

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 Carl W. Haus

Licensed Embalmer No. 3955

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.