

Registration District No. 287

Primary Registration District No. 5787

Registrar's No. 321

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Bellflower Mo (R.F.D.)
(c) Name of hospital or institution:
Country Home
(d) Length of stay: In hospital or institution 20
In this community Fifty Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
(c) City or town Bellflower, Rural
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME William Thomas Harman,

8. (b) If veteran, name war None 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Valina Harman, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9 11 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Warren Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Ret Farmer

11. Industry or business General duties

12. Name Peter Harmon

13. Birthplace U S A. (City, town, or county) (State or foreign country)

14. Maiden name Un known

15. Birthplace Un known (City, town, or county) (State or foreign country)

16. (a) Informant Mary Valina Harman,

(b) Address Bellflower Mo.

17. (a) Bellflower Cem. (b) Date thereof Oct 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Cem.

18. (a) Signature of funeral director Clara G Jones

(b) Address Bellflower Mo.

19. (a) Oct. 22 40 (b) Mary Lou Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th
year 1940 hour 4:30 minute 30 PM.

21. I hereby certify that I attended the deceased from Aug 24
1940 to Oct 18 1940
that I last saw him alive on Oct 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to Hypertension or cardiac failure!
Due to _____
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? _____

While at work? _____ (Specify type of place) (c) Means of injury 3

23. Signature W. H. Walls (M., D., or other) D.O.
Address Bellflower Date signed 10/23/40

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

MOTHER FATHER

9513

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.....

..... Cedric K. Jones., Registered Apprentice No. 246
.....
working under my personal supervision.

Signed..... Oland A Jones

Licensed Embalmer No. 2978

P. O. Address bellflower mo.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35888

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 589

Primary Registration District No. 5787

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Bear Creek, T.P.
(c) Name of hospital or institution:
(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)

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.

3. (a) PRINT FULL NAME

Wm Thomas Herman

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 m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years 81 Months 9 Days 7

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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 24, 1940, to Oct 18, 1940; that I last saw him alive on Oct 18, 5:30 P.M., 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Hypertension w/ Cardiac failure

Due to Myocarditis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration 6 months

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 W. J. Walls (M. D. or other) _____

Address Bellflower, Mo. Date signed _____

SUPPLEMENTARY

