

APR 15 1941

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: 822 Byers
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JASPER

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 822 Byers
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME GEORGE SHERMAN HARMON

3. (b) If veteran, name war _____ 3. (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 Mrs. Stella Harmon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 2 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>29</u>	hr. _____ min.

9. Birthplace Washington Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name John Harmon

13. Birthplace Wayne Co. Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Susan Ault

15. Birthplace Wayne Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Harmon

(b) Address 822 Byers, Joplin, Mo.

17. (a) Burial (b) Date thereof Mar 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Druid City Cemetery

18. (a) Signature of funeral director Louise Mortuary

(b) Address 1502 Joplin, Mo.

19. (a) 3-1-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1941 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 1 Dec 1, 1940, to Feb 27, 1941, that I last saw him alive on Feb 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to _____

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? 377

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

23. Signature W. Coombs (M. D. or _____)

Address Joplin, Mo. Date signed March 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-4-345

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 *F. M. Jones*
Licensed Embalmer No. 2319
P. O. Address *Japhier ms*

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

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