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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JUL 14 1944

# STANDARD CERTIFICATE OF DEATH

21870

State File No. \_\_\_\_\_

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 101

### 1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1003 S. Clinton St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 56 Years.

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
 (c) City or town Carthage 1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1003 S. Clinton St. 3  
(If rural, give location)  
 (e) Citizen of foreign country? No. 1 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Franklin Harbour

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Grace Fenton Harbour 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 4 1858  
(Month) (Day) (Year)

8. AGE: Years <u>83</u>	Months <u>3</u>	Days <u>14</u>	If less than one day hr. _____ min. _____
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9. Birthplace Hurricane W. Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business \_\_\_\_\_

12. Name Peru Harbour

13. Birthplace X N. C.  
(City, town, or county) (State or foreign country)

14. Maiden name America Smoot

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

16. (a) Informant Miss Pearl Harbour

(b) Address 1003 Clinton St., Carthage, Mo.

17. (a) Burial (b) Date thereof 7-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison, Carthage, Mo.

19. (a) June 30, 1944 (b) E. J. Mc Intire, M. D.  
Date received local registrar (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28,  
 year 1941 hour 9:10 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from  
June 19 1941 to June 28 1941  
 that I last saw him alive on June 28 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 9 days  
 Due to Hypertension  
 Due to \_\_\_\_\_

Other conditions g20  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations none  
 Of autopsy none

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) none

(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?  
g15

(Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

23. Signature George H. Wood (M. D. \_\_\_\_\_)  
 Address Carthage Mo Date signed 6/30/44

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

MOTHER FATHER

41-7-630

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**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..... *Eddie Wilmer* .....

Licensed Embalmer No. *2222* .....

P. O. Address *Carthage* .....

**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, fact should be so stated above.**