

KILLED JUL 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22245

Registration District No. 971

Primary Registration District No. 4578.5797C Registrar's No.

1. PLACE OF DEATH:

(a) County: Morgan
(b) City or town: Mill Creek Twp.
(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: Entire Life
In this community: Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Morgan
(c) City or town: Syracuse, Mo. R.F.D.
(d) Street No.:
(e) If foreign born, how long in U. S. A.:

3. (a) PRINT FULL NAME: Mary Susan Harmon

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

4. Sex: Female 5. Color or race: white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: March 31 - 1865

8. AGE: Years 76 Months 3 Days 3 If less than one day hr. min.

9. Birthplace: Cooper County, Mo. (1)

10. Usual occupation: Housekeeper

11. Industry or business:

12. Name: Henry Harmon

13. Birthplace: Kentucky (1)

14. Maiden name: Mary Harmon

15. Birthplace: Tennessee (1)

16. (a) Informant: Edwin Harmon

(b) Address: Syracuse, Mo. R.F.D.

17. (a) Burial (b) Date thereof: 7-3-41

(c) Place: burial or cremation: Syracuse, Mo.

18. (a) Signature of funeral director: D. F. Baker

(b) Address: Otterville, Mo.

19. (a) 7/3/41 (b) Omer E. Covery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1941 hour minute 30 p.M.

21. I hereby certify that I attended the deceased from 6/30/41 to July 1, 1941; that I last saw her alive on July 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: Hypertension

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?

23. Signature: T. F. Foole (M. D. or other) Address: Otterville, Mo. Date signed: 7/3/41

Duration: 3 days

PHYSICIAN: Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1116

Date Filed 7-7-41

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.....

myself

..... Registered Apprentice No.

working under my personal supervision.

Signed *Lucius F. Parker*

Licensed Embalmer No. 3840

P.O. Address Otterville 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.