N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24636

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 304

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Ill one year (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. Alice Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Harwood
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara Harwood
6. (c) Age of husband or wife if alive about 58 years
7. Birth date of deceased February 13, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	5	8	hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Saw Mill
11. Industry or business General
FATHER 12. Name Tom Harwood
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Smith
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. John Moore
(b) Address Poplar Bluff, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation County Farm
18. (a) Signature of funeral director Greer-Croy Funeral Serv
(b) Address Poplar Bluff, Missouri
19. (a) 8/2/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 31 day 31 year 1941 hour 10:00 minute 30 a M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage from hemorrhoids	
Due to Piles	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred W. Greer Coroner (Mr. Dr. or other)
Address Poplar Bluff Mo Date signed 7/31-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 8-41-1043
Date Filed 8-11-41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.