No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35621

Registration District No. 1046 Primary Registration District No. 5810 Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Shoal Creek Saginaw
(If outside city or town limits, write "RURAL" and name of township)
(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 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County JNewton 73
(c) City or town Saginaw Missouri. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Richard D. Harmon
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Letitia Harmon.
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Mar. 15, 1861. (Month) (Day) (Year)
8. AGE: Years 80 Months 6 Days 16 If less than one day hr. min.
9. Birthplace Erie Missouri; 0 (City, town, or county) (State or foreign country)
10. Usual occupation grocer
11. Industry or business
FATHER 12. Name Asbury Harmon
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Cassie Pogue
15. Birthplace Tenn. / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Letitia Harmon
(b) Address Saginaw Missouri;
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Oct 3, 41. (Month) (Day) (Year)
(c) Place: burial or cremation McElhaney Mo
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) 10-2-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 1, day 1941. year hour 4-30 A. M. minute M.
21. I hereby certify that I attended the deceased from Sept 10, 1941, to Oct 1, 1941, that I last saw him alive on Oct 1, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chr. parenchymatous nephritis.	
Major findings: Of operations: none	
Of autopsy: 131 P 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) ✓
(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? 0
(Specify type of place)
While at work? (e) Means of injury ✓
23. Signature James A. O'Brien (M. D. or other) M.D.
Address 614 Frisco Bldg. Joplin Mo Date signed 10/1/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1141-1699
Date Filed NOV 8 1941

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 Steve D. Parker.

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

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

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