

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Rural (Marion)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Carthage Route # 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 31 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Rural C 0
(If outside city or town limits, write "RURAL")
 (d) Street No. Carthage No. #1 C
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Joe H. Harrill
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 8
 year 1942 hour 12 48 minute 17 M.
 21. I hereby certify that I attended the deceased from 1-7-42
 19____ to 1-8-42 19____;
 that I last saw him alive on 1-7-42 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 1 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Luzeta
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 19 1942
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis Duration
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
72 7 20 --- hr. --- min.

Due to Cerebral Thrombosis
 Due to _____

9. Birthplace Stoutland 0 Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired Teamster

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business Teamster

12. Name R. E. Harrill

13. Birthplace Stoutland C Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Ann Mc Daniels

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ross Spurgeon

(b) Address Carthage Rt. #1

17. (a) Burial (b) Date thereof 1 10-1942
(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

19. (a) Jan. 10, 1942 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

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 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature E. J. Mc Intire (M. D. or other) _____

Address Carthage Date signed 1-8-42

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

MOTHER FATHER

42-1-41

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.

Signed..... *John S. Penneby*
Licensed Embalmer No. *4194*
P. O. Address *Carthage 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, fact should be so stated above.