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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14947

Registration District No. 553

Primary Registration District No. 5748

Registrar's No. 26

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

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Rural Madison Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 Miles West Princeton, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Months (Specify whether
In this community 5 Months years, months or days)

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

3. (a) PRINT FULL NAME Lucy Allen Harlow
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Samuel Harlow
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased August (Month) 18 (Day) 1857 (Year)

8. AGE: Years 84 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Christianville (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Robert Chasteen
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Virginia Mann
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Elwood Parker
(b) Address Gallatin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery Gallatin Co
18. (a) Signature of funeral director Hope Furn. Undt. By R. C. Richeson
(b) Address Gallatin Mo.
19. (a) 4-10-42 (Date received local registrar) (b) Jessie Alley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1942 hour 1 minute 00A. M.
21. I hereby certify that I attended the deceased from April 5, 1942, to April 6, 1942, that I last saw her alive on April 6, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	7 hrs.
Due to	
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 Byron J. Axtell (M. D. or other) D.O.
Address Princeton, Mo. Date signed 4/8/42

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.