

FILED JUN 18 1942 309

Registration District No. 4189

Registrar's No. 57

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0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Sentry

(b) City or town McFall  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 about 60 yrs years, months or days

3. (a) PRINT FULL NAME Mary E Harmon

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife William Harmon (Deaf)

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Sept 5 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>3</u>	hr. min.

9. Birthplace De Kalb Co Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Samuel L Green

13. Birthplace Ky 1  
(City, town, or county) (State or foreign country)

14. Maiden name Cydia Parker

15. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. Harmon

(b) Address McFall Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 5 10 42  
(Month) (Day) (Year)

(c) Place: burial or cremation McFall

18. (a) Signature of funeral director Patterson

(b) Address Patterson Mo

19. (a) 5-8-42 (Date received local registrar)

(b) Harmon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sentry

(c) City or town McFall  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from March 1 E 1942, to May 5 1942 that I last saw her alive on May 5 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 162

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 ✓

23. Signature John S. Haycock (M. D. or other) DO

Address Box 141 McFall Mo Date signed May 8 1942

**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.....

*E. L. Kramer*

Licensed Embalmer No.....

*2857*

P. O. Address.....

*Patonsburg 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.**