S. No. 2
—9-4-41
. 5-17-39
PI X29484

FILED AUG 13 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24253

State File No.

Registration District No. 109 Primary Registration District No. 5424 Registrar's No. 25

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

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Malden - Rural - Union
(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 (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin
(c) City or town: Malden Union Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lillie Bell Harman
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: widowed
6. (b) Name of husband or wife: Wilbur P. Harman
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 23 (Day) 1872 (Year)

8. AGE: Years 69 Months 8 Days 16 If less than one day hr. min.

9. Birthplace: D.K. (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation: house wife
11. Industry or business:
FATHER
12. Name: Jasper Brack
13. Birthplace: D. K. (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name: Jane Ferguson
15. Birthplace: D. K. (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant:
(b) Address:
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: July 10 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery - Malden
18. (a) Signature of funeral director: Grover Jernigan
(b) Address: Malden, Missouri
19. (a) 7-10-42 (Date received local registrar) (b) Mrs L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1942 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 8, 1942, to July 9, 1942, that I last saw her alive on July 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 dys
Due to Arteriosclerosis	7 yr
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? ✓
While at work? ✓ (Specify type of place) (e) Means of injury ✓
23. Signature: Guy Carlton (M.D. or other)
Address: Malden Date signed July 9 1942

115 0 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-998
Date Filed 8-10-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

V. S. No. 2B
50M—8-21-41
R I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24253

Registration District No. 109 Primary Registration District No. 5424 Registrar's No.

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Rural
(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 (Specify whether years, months or days)
In this community 3 yrs.

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

3. (a) PRINT FULL NAME Lillie Bell Harmon
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 23 (Day) 1872 (Year)

8. AGE: Years 69 Months 8 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Lee Harmon
(b) Address Malden, Missouri
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY