

FILED AUG 21 1942

Registration District No. 37

Primary Registration District No. 5117 + 4045

Registrar's No. 157

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural Cedarburg
(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 Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(d) Street No. 4 mile S. of Ashland Mo
(If rural, give section)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Alice 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 Married
6. (b) Name of husband or wife Lawrence Harmon 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Feb 24 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Fine Pushy Sapp
13. Birthplace Missouri
14. Maiden name Mathe Bell
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Harmon
(b) Address Ashland Mo

17. (a) Buried (b) Date thereof 7/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yosh...

18. (a) Signature of funeral director Holly T. Burnett
(b) Address Ashland Mo

19. (a) 8-7-42 (b) Mrs. Alice Eates
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 1 1942 to July 17 1942
that I last saw her alive on July 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death, Cerebrovascular
uterus.

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?

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

23. Signature A. B. Greer (M. D. or other)
Address Ashland Mo Date signed 7-17-42

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

MOTHER FATHER

1244

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed W. C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.