V. S. No. 2
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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

Filed SEP 11 1942

State File No. 27060

Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 50

1. PLACE OF DEATH:

(a) County: Douglas

(b) City or town: Ava (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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Douglas 34

(c) City or town: Ava, (If outside city or town limits, write "RURAL") 1

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME: Carolyn, P. Harlan

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: 0

6. (b) Name of husband or wife

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

7. Birth date of deceased: July (Month) 21 (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 3 hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name: Dr. C. C. Harlan

13. Birthplace: [illegible] (City, town, or county) Iowa 1 (State or foreign country)

MOTHER 14. Maiden name: Jacqueline Lititia Workman

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

16. (a) Informant: Dr. C. C. Harlan

(b) Address: Ava Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Ava

18. (a) Signature of funeral director: Clinkingbeard Funeral Ho

(b) Address: Ava, Missouri

19. (a) 9-5-42 (Date received local registrar) (b) Helena S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1942 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 21, 1942 to July 21, 1942 that I last saw h. alive on July 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Birth (7 months)

Due to: Cause not Known

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

159

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)

(e) While at work? (f) Means of injury

23. Signature: V. A. Zimmerman (M. D. or other) DO

Address: Mountain Grove Mo Date signed 7-29-42

1056 (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.....W. B. Hutchison.....

Licensed Embalmer No.....3431.....

P. O. Address.....Ava 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.