

FILED AUG 21 1942

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 16

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Sullivan Mo.
(c) Name of hospital or institution: Harwood Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hrs.
In this community 58 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Garra Mae Harmon
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theo. Harmon
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May 16 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business
12. Name S. P. Northcutt
13. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Josephine Bairdridge
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Harmon
(b) Address Sullivan, Mo. R. 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Ch. Fellowship

18. (a) Signature of funeral director Thos. P. Stoffer
(b) Address Sullivan, Missouri

19. (a) 7-16-42 (Date received local registrar) (b) Gilbert Wilhous (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Sullivan, Rural
(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.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 14
year 1942. hour 2 minute P.M.
21. I hereby certify that I attended the deceased from July 14
1942 to July 14, 1942
that I last saw her alive on July 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 1 Da.
Due to _____
Due to _____
Other conditions (include pregnancy within 5 months of death) _____
Major findings: Of operations None
Of autopsy None
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)
(c) Means of injury _____
23. Signature Garra Mae Harmon (M. D. or other)
Address Sullivan, Mo. Date signed 7/14/42

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

Edgar W. Laffoon

Licensed Embalmer No. *3394*

P. O. Address

Sullivan, 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, above space should be left blank.