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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 1942

State File No. 27240

Registration District No. 138 Primary Registration District No. 5521 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Rural - Center
(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
In this community about 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory 43
(c) City or town Center - Rural 0
(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 0

3. (a) PRINT FULL NAME Albert B. Harlan

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex M O

5. Color or race Wht

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Sarah Harlan

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

7. Birth date of deceased Feb 13, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	5	28	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Joshua Harlan
13. Birthplace ..... (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Jane Pine
15. Birthplace ..... (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Mrs Martin
(b) Address Montague Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Hermitage Mo

18. (a) Signature of funeral director J R Luckey
(b) Address Wheatland Mo

19. (a) Aug 21/42 (Date received local registrar) (b) Mary K Carlstrom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day ~~13~~ 11 year 1942 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug 10, 1942 to Aug 11, 1942 that I last saw him alive on Aug 10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Labor	5 dg
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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

23. Signature L A Close (M. D. or other) MD
Address Urbana Mo Date signed Aug 14/42

1094 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-42-936
Date Filed 9-3-42

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 J. R. Lucky

Licensed Embalmer No. 2982

P. O. Address Wheatland 11

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.