

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 134

1. PLACE OF DEATH:

(a) County. Nodaway

(b) City or town. Maryville, Missouri
(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. Life
years, months or days)

3. (a) PRINT FULL NAME. Erma Joyce 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. Single

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

7. Birth date of deceased. March 5, 1931
(Month) (Day) (Year)

8. AGE: Years 11 Months 5 Days 27 If less than one day hr. - - min.

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

10. Usual occupation. none

11. Industry or business. none

12. Name. Vacile Solomon Harmon

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

14. Maiden name. Maple Marie Green (City, town, or county) (State or foreign country)

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

16. (a) Informant. Vacile Harmon

(b) Address. Maryville, Missouri

17. (a) Burial (b) Date thereof. 9-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Maryville, Missouri

18. (a) Signature of funeral director. Eric Funeral Home

(b) Address. Maryville Mo.

19. (a) 9-5-42 (b) Mary Cain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Nodaway

(c) City or town. Maryville, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 422 So. Mattie
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - - - - - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. September day. 2
year. 1942 hour. 12:55 minute. A.M.

21. I hereby certify that I attended the deceased from August 25, 1942, to Sept 2, 1942.

that I last saw her alive on Sept 2, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death. Meningeal Meningitis

Due to. Chronic condition of the abdomen and female

Due to. organs

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. In May a 6 pound indolent tumor was removed. Of autopsy.

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. H.M. Chase (M. D. or other) D.O.

Address. 403 So. Main, Maryville Mo. Date signed. Sept 4, 1942

1268 (Licensed Embalmer's Statement on Reverse Side)

27786

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

MOTHER FATHER

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.....

Clem M Price

P.....

Licensed Embalmer No.....

1822

P. O. Address.....

Maryville Mo

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27786

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Marionville
(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 _____
years, months or days)

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 Erma Joyce 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 S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 5
(Month) (Day) (Year)

8. AGE: Years 11 Months 3 Days 3 (If less than one day, hr. min.)

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

10. Usual occupation _____

11. Industry of 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 _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; _____ 19____; _____ 19____;

that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning Duration _____

Due to Cancerous condition of the abdomen of female organs
Due to _____

Other conditions Malignant was attached to the lower end of colon. 5 years

Major findings: Of operation kidney may be sound
malignant tumor was removed.
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 A. M. Chase (M. D. or other) MD
Address Marionville, Mo Date signed Oct 9, 1942

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

SUPPLEMENTARY

