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30357

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 13 1942

Registration District No. .... Primary Registration District No. 200D

Registrar's No. 682

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

9  
629

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. .... (Specify whether)

In this community. .... (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Urbana  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location) 1

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

3. (a) PRINT FULL NAME Harmon, Baby Boy

3. (b) If veteran, name war no (c) Social Security No. none

4. Sex m (f) Color or race w

6. (b) Name of husband or wife Inf (c) Age of husband or wife if alive X 2 1/2 years

7. Birth date of deceased Sept 19 1942  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1942 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 19, 1942, to Sept 20, 1942, that I last saw him alive on Sept 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to Premature birth - telangiectic marks

Due to .....

8. AGE:	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If less than one day <u>7</u> hr. min.
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9. Birthplace Springfield, Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Inf

11. Industry or business .....

MOTHER FATHER { 12. Name Rose Harmon

13. Birthplace Urbana, Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Myrtle Trapp

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

16. (a) Informant Dr. Roscoe Harmon

(b) Address Urbana, Mo

17. (a) Burial (b) Date thereof Sept 21, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Cemetery

18. (a) Signature of funeral director Party taken from

(b) Address of funeral director Urbana, Mo

19. (a) 9-21-42 (b) J. W. Handley  
(Date received local registrar) (Registrar's signature)

Duration

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations .....

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? .....

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. W. Handley (M. D. or other) 0

Address Urbana, Mo Date signed .....

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

984

(Licensed Embalmer's Statement on Reverse Side)

X

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**