. S. No. 2
—11-10-39
v. 5-17-39
I X21492

107
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

Registration District No. 336

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38333

Primary Registration District No. 6209

Registrar's No. 37

1. PLACE OF DEATH:

(a) County TEXAS

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

(c) Name of hospital or institution: COUNTY 5 HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 8 Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107

(a) State MISSOURI (b) County TEXAS 0

(c) City or town RURAL 0
(If outside city or town limits write "RURAL")

(d) Street No. NEAR CABOOL, MO
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ADDIE VANFELT HARMON

3. (b) If veteran, name war _____

3. (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 A. O. HARMON

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MAY (Month) 27 (Day) 1856 (Year)

8. AGE: Years 87 Months 6 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace _____ (City, town, or county) OHIO 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

FATHER
12. Name JAMES LAREAU
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ADDIE VANFELT
15. Birthplace ~~[illegible]~~ (City, town, or county) OHIO 1 (State or foreign country)

16. (a) Informant A. O. HARMON
(b) Address CABOOL, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/19/42 (Month) (Day) (Year)
(c) Place: burial or cremation CABOOL

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address HOUSTON, MO

19. (a) 11-30-42 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

1240

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 17
1942 year 1 hour 25 minute P. M.

21. I hereby certify that I attended the deceased from Sept 30th 1942 _____, 19__, to Nov. 17, 1942;
that I last saw her alive on Nov 17, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Senile degeneration of old age

Due to Senility

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

162

Major findings:
Of operations _____
Of autopsy _____

Duration

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 William [illegible] (M. D. ~~or other~~)
Address Houston, Mo Date signed 11-24/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242039
Date Filed 12-7-42

DEC 22 1942

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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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.