

FILED JAN 11 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 219 days  
(Specify whether  
In this community Veterans Administration  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Unknown  
(c) City or town Crescent  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALVA C. HARMON

3. (b) If veteran, name war World War II  
3. (c) Social Security No. Unknown

4. Sex Male 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 31 1918  
(Month) (Day) (Year)

8. AGE: Years 24 Months 8 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Truck Driver

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Charlie C. Harmon

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

14. Maiden name Aletha Veach

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

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Spgs, Mo

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof Dec. 13, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent, Okla.

18. (a) Signature of funeral director CLAUDE PRICHARD

(b) Address Excelsior Springs, Mo.

19. (a) Dec. 13, 42 (b) Mrs Lada Redman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12  
year 1942 hour 6:40 minute P M.

21. I hereby certify that I attended the deceased from May 7th 1942 to December 12th 1942;  
that I last saw him alive on December 12th 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous pulmonary, chronic active all lobes both lungs, far far advanced with cavitation and enteritis, chr. tuberculous.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy None

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 D. Stee (M. D. or other)  
Address Veterans Administration, Excelsior Springs, Mo. Date signed 12-12-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-8-43

MAR 27 1944

**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 Robert Kay

Licensed Embalmer No. 4182

P. O. Address: Excelsior Spgs, 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, fact should be so stated above.**