

2
42
-39
32873

6181

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 98

Primary Registration District No. 5367

Registrar's No. 14

1. PLACE OF DEATH:

(a) County. Daviess

(b) City or town. Rural Monroe Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8 Miles South Gallatin, Mo.
(If not in hospital or institution, write street number or location)

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

In this community Most of Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Daviess 31

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

(d) Street No. 8 Miles South Gallatin
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Edmond Jackson Harlow

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased. November 26 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>9</u>	<u>br.</u> min.

9. Birthplace. Shelby County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. Own Farm

12. Name. James Harlow

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

14. Maiden name. Hilda Nichols

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

16. (a) Informant. Mrs. Crit Everly

(b) Address. Gallatin, Mo.

17. (a) Burial (b) Date thereof 2-10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Brown Cemetery

18. (a) Signature of funeral director. HODE FURN. & UNDT. CO.

(b) Address. Gallatin, Mo.

19. (a) 2-9-1943 (b) L. A. Richeson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Feb. 5
1943 to Feb. 5, 1943
that I last saw him alive on Feb. 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocarditis
Arteriosclerosis Duration
5 yrs
10 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature. L. E. Nelson (Specify type of place) (e) Means of injury 2
(M. D. or other) DO.

Address. Gallatin Mo. Date signed 2-9-43

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

MOTHER FATHER

1084

(Licensed Embalmer's Statement on Reverse Side)

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 *L. A. Richesson*
.....
Licensed Embalmer No. *3302*
P. O. Address *Gallatin, Md*

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.