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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1943

Registration District No. 324

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 372

State File No. 7779

Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Putnam Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: one week (Specify whether years, months or days)
In this community: 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.: 666 West North St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Wilburn Ferdinand Harmon
3. (b) If veteran, name war: #
3. (c) Social Security No.: 496-05-6515
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Sarah E. Setliff
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 7 (Day) 1868 (Year)
8. AGE: Years: 73 Months: 10 Days: 1 If less than one day: hr. min.
9. Birthplace: Lincoln Co. (City, town, or county) W. Virginia (State or foreign country)
10. Usual occupation: Shoe Factory
11. Industry or business: Lasting Dep't.
MOTHER FATHER
12. Name: Eli F. Harmon
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name: Lucinda J. Griffitt
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Louis Hanes
(b) Address: 666 W. North St. Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 10, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge P. Cemetery
18. (a) Signature of funeral director: J. Leslie Surrey
(b) Address: Marshall Mo
19. (a) 2-9-43 (Date received by local registrar) (b) Mrs T O Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1943 hour 4 minute 30 a.m.
21. I hereby certify that I attended the deceased from Nov. 1 1942 to Feb 8 1943 that I last saw him alive on Feb 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	3 Mo
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations: X
Of autopsy: X

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: A. B. Putnam M.D. (M. D. or other)
Address: Marshall Mo Date signed 2-9-43

1215

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1945

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 3-5-43

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 J. Leslie Swaney

Licensed Embalmer No. 3285

P. O. Address Marshall 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.