S. No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7992

State File No.

FILED FEB 25 1943

Registration District No. 369 Primary Registration District No. 4539 Registrar's No.

1. PLACE OF DEATH
(a) County Wayne
(b) City or town Williamsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wayne
(c) City or town Williamsville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Jefferson Harmon
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary Harmon
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June (Month) 25 (Day) 1873 (Year)

8. AGE: Years 69 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Wayne Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Merchantile
11. Industry or business
FATHER
12. Name Patric Harmon
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Ellen Wells
15. Birthplace Wayne Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs. Mary Harmon
(b) Address Williamsville, Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Harmon Cemetery
18. (a) Signature of funeral director Lloyd Russell
(b) Address Biggett, Ark.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1943 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from Oct 17, 1941, to Jan 21, 1943
that I last saw him alive on Jan 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dilitation
Chronic Myocarditis 2 yr
Due to Hypertension 2 yr
Due to Chronic Arthritis
Several years
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93d
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 J Lee Harwell (M. D. or other)
Address Pasteur Bluff Mo Date signed 2/17/43

1105 (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 D. Floyd Russell

Licensed Embalmer No. 509

P. O. Address Piggott, Ark

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.

'. S. No. 2B
0M—8-21-41
P I X29288

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Wayne
(c) City or town: Williamsville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John J. Harmon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: June 25 (Month) (Day) 1874 (Year)
8. AGE: Years 69 Months 6 Days 28 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) April 1, 1943 (Date received local registrar) (b) Mrs. Lottie Manns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 21 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h live on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY