V. S. No. 2
OM—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10442

State File No.

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 108 S. Douglas (If not in hospital or institution, write street number or location)

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

In this community 25 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Lees Summit (If outside city or town limits, write "RURAL")

(d) Street No. 108 S. Douglas (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Louis Harbin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lizzie Allen Harbin

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

7. Birth date of deceased Feb (Month) 6 (Day) 1855 (Year)

8. AGE: Years 88 Months 00 Days 24 If less than one day hr. min.

9. Birthplace Vernon Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business

FATHER
12. Name James Harbin
13. Birthplace Va. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Smith
15. Birthplace So. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph Harbin

(b) Address 120 E Ruby

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3 (Month) 43 (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Ott & Mitchell

(b) Address Independence Mo

19. (a) Mar. 3, 1943 (Date received local registrar) (b) F. M. Schick by Effie Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1943 hour 5 minute 2 AM.

21. I hereby certify that I attended the deceased from 1-14 1943, to 3-1 1943; that I last saw him alive on 1-31 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to Myocardial degeneration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Preformed

Of autopsy Not preformed.

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 G. R. Jenkins (M. D. or other) D.O.

Address 307 S Main Lees Summit Mo. Date signed 3-1-43

(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 ....me.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Lindep, 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.