

3. No. 2
4-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14196

State File No.

FILED APR 21 1943

Registration District No. 102

Primary Registration District No. 4174

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Cardwell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: English Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Dunklin
(b) City or town Beulah, Mo
(If outside city or town limits, write "RURAL")
(c) Street No. 4-MI. N.W.
(If rural, give location)
(d) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilcie R. Harmon

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ray J. Harmon 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 8/30 (Month) (Day) (Year) 1902

8. AGE: Years 40 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Jim Thornberry 13. Birthplace Kennett, Mo (City, town, or county) (State or foreign country)

14. Maiden name May Dillard 15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Ray Harmon

(b) Address Beulah, Mo-12-2

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

(c) Place: burial or cremation Beulah, Mo

18. (a) Signature of funeral director Beulah, Mo (b) Address Beulah, Mo

19. (a) April 10-43 (Date received local registrar) (b) M.G. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1943 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from 3-17 1943, to 3-20, 1943; that I last saw her alive on 3-20, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

cardio renal disease & uremia - + cerebral anoxia

Due to Full term pregnancy

Due to _____

Other conditions (Include pregnancy within 3 months of death) Pregnancy

Major findings: Of operations 1446

Of autopsy _____

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 L. W. English M.D. (Physician) (D. or other) _____
Address Cardwell, Mo Date signed 3-20-43

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

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MOTHER FATHER

1013

(Licensed Embalmer's Statement on Reverse Side)

FILED APR 21 1943

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. P. Johnson*.....

Licensed Embalmer No. *2556-*.....

P. O. Address. *Kennett, 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.