

FILED MAY 4 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3025

1. PLACE OF DEATH:

(a) County Howell  
 (b) City or town West Plains  
 (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) (Specify whether  
 years, months or days) 3 yrs

3. (a) PRINT FULL NAME Jos. Macmel Harten  
 3. (b) If veteran, name war V  
 3. (c) Social Security No. V

4. Sex MO 5. Color or race W  
 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Marys Harten  
 6. (c) Age of husband or wife if alive 33 years  
 7. Birth date of deceased 7-6-1909  
 (Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days 13 If less than one day  
 hr. min.

9. Birthplace Franklin MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Tire Dealer

11. Industry or business Tire Dealer

12. Name Jos. Harten

13. Birthplace Gainesville MO  
 (City, town, or county) (State or foreign country)

14. Maiden name Adair Peyton

15. Birthplace Bonham Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant Muriel Harten

(b) Address West Plains MO

17. (a) \_\_\_\_\_ (b) Date thereof 3-22-1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at home

18. (a) Signature of funeral director Robertson

(b) Address West Plains MO

19. (a) 4-3-43 (b) W. J. Saelle  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howell  
 (c) City or town West Plains  
 (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19  
 year 1943 hour about 9:20 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Collision on 63 Hwy. causing a frontal skull fracture - due to all bones & viscera in chest & abdominal cavities / Crushed.  
 Other conditions Bled to death internally  
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no nec

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 046  
 (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?  
Keweenaw 63 near Alden MO  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature W. J. Saelle (M. D. or other) \_\_\_\_\_  
 Address Mountain View MO Date signed 3-20-43

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

75  
 0

1125

RECEIVED

District Health Officer No 5,

District File Num. 548969

Date Filed 5-3-43

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 *A. D. Roberts*.....

Licensed Embalmer No. *3435*.....

P. O. Address *West Hill, N.Y.*.....

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.



## MISSOURI STATE HIGHWAY PATROL

M. STANLEY GINN, SUPERINTENDENT

JEFFERSON CITY

August 24, 1943

Dr. James Stewart  
Commissioner  
State Board of Health  
Jefferson City, Missouri

Attn: Bureau of Vital Statistics

Dear Dr. Stewart:

The records of the Missouri State Highway Patrol show that Maxwell Harlin, West Plains, Missouri, was fatally injured March 19, 1943, as a result of a motor vehicle accident, which occurred on Highway 63, one and three tenths miles north of Olden, Missouri, in Howell County.

The accident involved a 1941 Ford pickup truck, driven by Maxwell Harlin, West Plains, Missouri, and a 1940 G.M.C. truck, driven by Elmer Wilbanks, West Plains, Missouri.

Yours very truly

*M. Stanley Ginn*  
M. STANLEY GINN  
Superintendent

1950