S. No. 2
M—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 30 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14800

Registration District No. 196 Primary Registration District No. 4308 Registrar's No. 3

1. PLACE OF DEATH: -

(a) County MCDonald

(b) City or town NOEL (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 72 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: - 60

(a) State Missouri - (b) County MCDonald 0

(c) City or town Noel 0 (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 0

3. (a) PRINT FULL NAME Mark Harmon,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male -

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife ANNA HARMON -

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

7. Birth date of deceased July (Month) 9th, (Day) 1870 (Year)

8. AGE: Years 72 Months 7 Days 19 If less than one day hr. min.

9. Birthplace MCDonald County, (City, town, or county) Missouri, (State or foreign country) 0

10. Usual occupation Merchant

11. Industry or business -

FATHER
12. Name Daniel Harmon
13. Birthplace Unknown - (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Jennie Walker
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Anna Harmon -

(b) Address Noel, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March, (Month) 4th, (Day) 1943 (Year)

(c) Place: burial ~~or cremation~~ Noel, Mo.

18. (a) Signature of funeral director Chas W. Williams

(b) Address Goodman Mo.

19. (a) 3-8-1943 (Date received local registrar) (b) Mrs E M George (Registrar's signature)

1307

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 1st, year 1943 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 10th, 1940, to March 1st, 1943; that I last saw him alive on 2 of 28, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	1 hr
Due to Cardiac Dropsy	1 year
Due to Cardiac Asthma	10 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓ 94 b
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)

(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 0

23. Signature H. A. Leaming (M. D. ~~or other~~)

Address Noel Mo. Date signed 3-5-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 43-462
Date Filed 4/27-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.