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ev. 5-1-39
FILED
JUN 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18604

Registration District No. 270 | Primary Registration District No. 3050 | Registrar's No. 32

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 34 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 407 East 4th Street 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Citizen of U.S. A. 0

3. (a) PRINT FULL NAME William Hiram Harwell

3. (b) If veteran, name war No.

3. (c) Social Security No. 491-16-0123

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Bertha Harwell

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

7. Birth date of deceased January 30, 1880
(Month) (Day) (Year)

8. AGE: Years 63 | Months 3 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Crockett, County, Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business as above

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

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

16. (a) Informant Thomas Harwell
(b) Address 407 East 4th St. Caruthersville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-43
(Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director J. L. La Forge
(b) Address Caruthersville, Mo.

19. (a) 5-12-43 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 25 1943, to May 6 1943
that I last saw him alive on April 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	20 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 b

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 Frank Ogilvie (M. D. or other) MD
Address Caruthersville Mo Date signed 5/11/43

1206

(Licensed Embalmer's Statement on Reverse Side)

5-43-221

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. L. La Forge

Licensed Embalmer No. 3082

P. O. Address Caulfiersville, 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.