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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1944

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6529

Primary Registration District No. 3006

Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Wilhite Canvalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Years (Specify whether years, months or days)

In this community: 27 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 104 Ripley St. 7
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: JULIA HARBAUGH

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Edgar Gwynn Harbaugh

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

7. Birth date of deceased: 1 (Month) - 13 (Day) - 1861 (Year)

8. AGE: Years 82 | Months 11 | Days 27 | If less than one day: hr. min.

9. Birthplace: New Orleans (City, town, or county) La. (State or foreign country) 1

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: John S. Washington

13. Birthplace: Washington (City, town, or county) (State or foreign country) 1

14. Maiden name: Rebecca Washington

15. Birthplace: New Orleans (City, town, or county) La. (State or foreign country) 1

16. (a) Informant: Mrs. D.E. Aultman

(b) Address: 507 Rollins, Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington, D.C.

18. (a) Signature of funeral director: Parker Funeral Service

(b) Address: Columbia, Mo.

19. (a) 1-10-44 (Date received local registrar) (b) Edna H Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 10 year: 1944 hour: 5:45 minute: A. M.

21. I hereby certify that I attended the deceased from Jan 6 th 1944 to Jan 10 1944 that I last saw her alive on Jan 9 th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 330

Major findings: Of operations:

Of autopsy:

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: 0

23. Signature: [illegible] (M. D. or other)

Address: Columbia Date signed: 1/10 44

12 50

(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.....

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

working under my personal supervision.

Signed W. D. Whitsides

Licensed Embalmer No. 3893

P. O. Address Salisbury 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.