DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21096

FILED JUL 14 1944

Registration District No. 12 Primary Registration District No. 1005 Registrar's No. 710

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Nursing Home 2920 Penn St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 (Specify whether years, months or days)

In this community 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb

(c) City or town Amity Mo 32 (If outside city or town limits write "RURAL") 0

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Olive I Harwood

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Frank Harwood

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Aug (Month) 3 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
77	9	29	hr. min.

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

10. Usual occupation house wife

11. Industry or business

MOTHER FATHER

12. Name Edward Moore

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

14. Maiden name

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

16. (a) Informant Cliff Harwood

(b) Address Amity Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Amity Mo

18. (a) Signature of funeral director John J Brown

(b) Address Maryville Mo

19. (a) 6/30/44 (Date received local registrar) (b) Nellie I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1944 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 2, 1944 to June 27, 1944; that I last saw her alive on June 27, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage.	5 days
Due to: Arterio-Sclerosis (About)	10yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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

23. Signature J R Elliott (M. D. or other) M.D.

Address 805 Francis, St, Joseph Date signed 6-28-1944

1511

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1946

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 John G Brown

Licensed Embalmer No. 3933

P. O. Address Maysville, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.