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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

Registration District No. 37

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4101

State File No. 16577

Registrar's No. 75

1. PLACE OF DEATH:

(a) County CASS

(b) City or town RAYMORE (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 LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CASS

(c) City or town RAYMORE (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 ✓

3. (a) PRINT FULL NAME WILLIAM A. HARWOOD

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 495-24-3949

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NELLIE S. HARWOOD.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased FEB. (Month) 13 (Day) 1895 (Year)

8. AGE: Years 50 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation PRATT-WHITNEY CORP.

11. Industry or business

FATHER
12. Name JAMES MADISON HARWOOD
13. Birthplace KNOXVILLE (City, town, or county) TENN. (State or foreign country)

MOTHER
14. Maiden name NANCY L. HODGES
15. Birthplace (City, town, or county) TENN. (State or foreign country)

16. (a) Informant MRS. WM A. HARWOOD

(b) Address RAYMORE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 24 (Day) 1945 (Year)

(c) Place: burial or cremation RAYMORE, MO.

18. (a) Signature of funeral director E. R. Sioux & Sons

(b) Address Belton Mo.

19. (a) May 23, 1945 (Date received local registrar) (b) Margaret Valle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1945 hour 2 minute — M.

21. I hereby certify that I attended the deceased from — , 19—, to — , 19—; that I last saw h— alive on — , 19—; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide due to cutting wrists and elbow also right side neck

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1648

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence May 21/45

(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 E. M. Griffith (M. D. or other)

Address Harrisonville Date signed May 21/45

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(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1945

JUN 20 1945

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. K. Gump

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.