

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18338

State File No. _____

FILED JUN 9 1945
Registration District No. 327

Primary Registration District No. 6085

Registrar's No. 6

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

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town R.F.D. Napton, Mo.
 (c) Name of hospital or institution: none Clay Twp!
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 years
 In this community 50 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Saline 97
 (c) City or town Rural Napton 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jacob Hobbert Harlan
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 6th
 year 1945 hour 8 minute P M.
 21. I hereby certify that I attended the deceased from 9:00
6 1945 to May 6 1945
 that I last saw him alive on May 16 1945
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 1 1860
 (Month) (Day) (Year)

Immediate cause of death Enchocarditis
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 84 Months 11 Days 5
 If less than one day
 hr. _____ min. _____

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name George Harlan

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

14. Maiden name Nancy Ellen Cole
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Kittie Harlan
 (b) Address Napton, Mo.

17. (a) burial (b) Date thereof 5-8-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fish Creek Cemetery Hill Brothers

18. (a) Signature of funeral director Slater, Mo.
 (b) Address _____

19. (a) 5-8-1945 (b) Mrs. W.E. Shackelford
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature P.L. Lawless (M. D. or other)
 Address Marion, Mo. Date signed 5/7/45

RECEIVED
District Health Officer No. 8,
District File Number 4774
Date Filled 4/2/42

02

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. C. Hill

Licensed Embalmer No.

3090

P. O. Address

State 720

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.