

FILED JUL 12 1945

Registration District No. 226

Primary Registration District No. 4221

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Houston  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 70 yrs. years, months or days

3. (a) PRINT FULL NAME Addie Mary Harmon

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 widowed

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 11 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Henry Parviter

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

14. Maiden name Mary Ann Wiggins

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

16. (a) Informant George Harmon

(b) Address Houston, Mo.

17. (a) Burial (b) Date thereof 5/26/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston

18. (a) Signature of funeral director Gaylord Elliott

(b) Address Houston, Mo.

19. (a) 6-8-45 (b) Mrs. Ella Duff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas 107

(c) City or town Houston  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1945 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from APRIL 8 1945 to MAY 24 1945  
and that I last saw her alive on MAY 24 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS Duration \_\_\_\_\_

Due to HYPERTENSIVE CARDIO RENAL VASCULAR DISEASE

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 940

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature L M Dillman (M.D. or other MD)  
Address Houston Mo Date signed 5-31-45

1240

RECEIVED

District Health Officer No. 5,

District File Number 745-321

Date Filed 7, 10-45.

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 Frank E. Hood

Licensed Embalmer No. 4024

P. O. Address Houston, 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.