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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1945

State File No. 23965

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 572

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 942 Kimbrough
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 942 Kimbrough
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George J. Harman, Jr.

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eunice Harman

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

7. Birth date of deceased May (Month) 31, (Day) 1892 (Year)

8. AGE: Years 53 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation Station Master

11. Industry or business Frisco R.R.

FATHER
12. Name George J. Harman, Sr.
13. Birthplace UNK. (City, town, or county) UNK. (State or foreign country)

MOTHER
14. Maiden name UNK.
15. Birthplace UNK. (City, town, or county) UNK. (State or foreign country)

16. (a) Informant Mrs. George J. Harman

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/45 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-26-45 (Date received local registrar) (b) B. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1945 hour 10:00 minute p. M.

21. I hereby certify that I attended the deceased from June 16, 1945 to July 24, 1945 that I last saw him alive on July 23, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Central hemorrhage	5 Min.
Due to arteriosclerosis	
Due to —	
Other conditions Coronary Occlusion (Include pregnancy within 3 months of death)	6 WKS

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 H. Maddux (M. D. or other)

Address Springfield, Mo. Date signed 7/25/45

(Licensed Embalmer's Statement on Reverse Side)

OCT 13 1954

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. L. Doolin Forman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.