

FILED SEP 7 1945

Registration District No. 6225

Registrar's No. 118

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital No 32
(If not in hospital or institution, write street number or location)

(d) Length of stay: 3 mo 26 d. (Specify whether years, months or days)

In this community 3 mo 26 d. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZA-HARSHAW

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem 5. Color or race wh

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

6. (b) Name of husband or wife John Harshaw

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

7. Birth date of deceased June 2 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>2</u>	<u>12</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business none

MOTHER FATHER

12. Name George M. Glocklan

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

14. Maiden name Elyabeth Gam

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

16. (a) Informant Records State Hosp

(b) Address Nevada Mo

17. (a) Removal (b) Date thereof Aug 16 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill, Butler Mo

18. (a) Signature of funeral director Paul L. Barone

(b) Address Butler Mo

19. (a) 8-17-45 (b) Hazel B. Beurek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

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

(d) Street No. 310 W. Dakota St
(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1945 hour 96 minute 00P M.

21. I hereby certify that I attended the deceased from April 19 1945 to Aug 14 1945 that I last saw her alive on Aug 14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia

Due to.....

Due to.....

Other conditions 1624
(Include pregnancy within 5 months of death)

Major findings: Of operations no operation

Of autopsy no autopsy

Duration

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) no

(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

23. Signature Paul L. Barone (M. D. or other)

Address State Hosp No 3 Date signed Aug 14

1031

RECEIVED

District Health Officer No. 71

District No. 8-45-874

Date Filed 9-5-45

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.....

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address..... *Bethel 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.