

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X 36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29692**
Registrar's No. **4112**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson

(c) Name of hospital or institution: Chestnutwood Conv. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 59 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2816 E 11
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No?)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Bessie May Harman

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1945 hour 3 minute 25 P M.

21. I hereby certify that I attended the deceased from Sept 25 Sept 25, 1945, to Oct. 4, 1945; that I last saw her alive on Oct 4, 1945 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race wh

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

6. (b) Name of husband or wife Jos C Harman

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: 1 31 1862
(Month) (Day) (Year)

Immediate cause of death Cerebral Haemorrhage

Due to Acute Indigestion
Hypertension

Due to _____

8. AGE: Years 83 Months 8 Days 3 If less than one day _____ hr. _____ min.

Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation at home

11. Industry or business _____

12. Name Wesley Greenwood

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

14. Maiden name Harman

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

Major findings: Of operations 836

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Claude M Harman

(b) Address 2816 E 11

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10/6/45
(Month) (Day) (Year)

(c) Place: burial or cremation mt moriah cem

18. (a) Signature of funeral director Stine-McClure

(b) Address Kansas City Mo

19. (a) 10-6-45
(Date received local registrar)

(b) Stalling
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Frank Watson (M. D. or other) _____
Address 1808 Howard Date signed Oct 5 45

1820 S. Howard
Living Facility
New

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 *E. M. Plank*

Licensed Embalmer No. 1848

P. O. Address.....

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.