

S. No. 2
M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5400 St John
37442
State File No.
Registrar's No. 295

FILED NOV 21 1945

Registration District No. 146

Primary Registration District No. 5568

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Rural Blue Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10105 Golf
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community... **1 month**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town... **Fairmount Station Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **10105 Golf-Rural**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **RUTH VAN DOLAH HARMON**

3. (b) If veteran, name war... **none**
3. (c) Social Security No. **none**

4. Sex **female** / 5. Color of race **white**
6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Lee Harmon**
6. (c) Age of husband or wife if alive **1858** years

7. Birth date of deceased **January 17, 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 9 6 hr. min.

9. Birthplace **Steele Co. Minn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **B.L. Deming**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Purdy**
15. Birthplace... **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Feagan**

(b) Address **10105 Golf**

17. (c) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-25-1945**
(Month) (Day) (Year)

(c) Place: burial or cremation... **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Geo. C. Carson Funeral Home**

(b) Address **Independence Missouri**

19. (a) **10-23-45** (Date received local registrar)
(b) **James Ross** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23** year **1945** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct 1, 1945** to **Oct 23, 1945**
that I last saw her alive on **Oct 19, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Valvular heart disease**
Duration **7 days**

Due to...
Due to...

Other conditions **Intestinal Obstruction**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (c) Means of injury

23. Signature **R. Williams** (M. D. or other)
Address **5400 St John St** Date signed **10/23/45**

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

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 OK McFarland
Licensed Embalmer No. 4397
P. O. Address Independence MD

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.