

S. No. 2
M-5-43
7. 5-17-39
P I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1949

State File No. _____

FILED FEB 15 1946

Registration District No. _____ Primary Registration District No. 4004

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: None!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) about 6 & 8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Fay Davids Harmon

3. (b) If veteran, name war No

3. (c) Social Security No. 495-07-3032

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Lula Bedwell Harmon

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug 31 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 3
If less than one day hr. min.

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

10. Usual occupation Farm Supervisor

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Harmon

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

14. Maiden name Elizabeth Davids

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

16. (a) Informant Mrs Lula Harmon

(b) Address Baldwin Mo

17. (a) Burial (b) Date thereof 1-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baldwin Mo

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Manassas Mo

19. (a) 1-7-46 (b) Lillian Sparks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 4
year 1946 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Apr - 1944 to Jan 4 - 1946
that I last saw him alive on Jan 3 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 _____

23. Signature W. Logan Wood (M. D. or other) _____

Address Baldwin Mo Date signed 1-6-46

FEB 4 1953

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *W. H. Campbell*

Licensed Embalmer No..... *5620*

P. O. Address..... *Marionville 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.