

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF THE CENSUS
FILED FEB 11 1946

STANDARD CERTIFICATE OF DEATH

State File No. **2393**

Registration District No. **55**

Primary Registration District No. **5192**

Registrar's No. **53**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Carroll**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Combs twop**
(If rural, give location)
(e) Citizen of foreign country?.....
(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **GENE HARMAN**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **M** Color or race **W** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mary Shellhammer** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Aug 12 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **4** Days **19** If less than one day hr. min.

9. Birthplace **Hancock Co. Ill. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **Valentine Harman**

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

14. Maiden name **Carena Brammer**

15. Birthplace **Ill. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Harman**

(b) Address **Carrollton Mo**

17. (a) Burial (b) Date thereof **1-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Carmel Cem**

18. (c) Signature of funeral director **Stanley Gibson**

(b) Address **Carrollton Mo**

19. (a) 1/2/46 (b) **Mrs Herbert Calver**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **31**
year **1945** hour **4** minute **10 P** M.

21. I hereby certify that I attended the deceased from **Dec 31**
1945 to **Dec 31 1945**
that I last saw him alive on **Dec 31 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris.**
Duration **?**

Due to **do not know whether coronary or not.**

Due to **Indication coronary.**
But no autopsy
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **94a**
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?

While at work..... (Specify type of place)
(c) Means of injury.....

23. Signature **P. Hamilton** M.D. or other
Address **Carrollton Mo** Date signed **Jan 12 1946**

(Licensed Embalmer's Statement on Reverse Side)

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

100093

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

JUN 17 1946

28-48

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.