

No. 2
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5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9846**
Registrar's No. **41**

FILED APR 13 1946

Registration District No. **157** Primary Registration District No. **3028**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Carthage**
(c) Name of hospital or institution:
505 W. Mound St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **47** years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(d) Street No. **505 W. Mound St.**
(e) Citizen of foreign country? **no**
If yes, name country.....

3. (a) PRINT FULL NAME **Lula Jane Harmon**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Charlie Harmon**
6. (c) Age of husband or wife if alive **86** years
7. Birth date of deceased **August 11 - 1863**

8. AGE: Years **82** Months **7** Days **7**
If less than one day hr. min.

9. Birthplace **Everton Missouri**

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Jim Glenn**
13. Birthplace **Unknown Unknown**
14. Maiden name **Peggy Locke**
15. Birthplace **Unknown Unknown**

16. (a) Informant **Mrs. Jack Linder**

(b) Address **505 W. Mound**

17. (a) **Burial** (b) Date thereof **3-20-46**

(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Ed C. Ulmer**

(b) Address **1208 S. Garrison**

19. (a) **3-20-46** (b) **L. B. Clenton M.D.**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18**
year **1946** hour **8** minute **10** P.M.

21. I certify that I attended the deceased from **Mon 7** 19**46** to **Mon 18** 19**46**
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to.....

Due to.....

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

Major findings:
Of operations **930**

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **Yes** (Specify type of place).....
(e) Nature of injury **0**

23. Signature **P. A. Dresdale** (M. D. or other).....
Address **Carthage Mo** Date signed **March 18 1946**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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46-3-244

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 S. Pennek

Licensed Embalmer No.

4194

P. O. Address

Carthage

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.