

7. S. No. 2
FORM-5-42
Rev. 5-17-39
X322673

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15535**
Registrar's No. **231**

FILED MAY 14 1946
Registration District No. **374**

Primary Registration District No. **45-49**

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

1. PLACE OF DEATH:

(a) County **Worth**

(b) City or town **Allendale**
(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 **life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Worth**

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

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

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

3. (a) PRINT FULL NAME **Thomas Harter**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 11 1878**
(Month) (Day) (Year)

8. AGE: Years **68** Months **9** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Allendale Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Ray Harter**

11. Industry or business **farm work**

12. Name **Thomas Harter**

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

14. Maiden name **Mary Neal**

15. Birthplace **Allendale Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Keith Harter**

(b) Address **Blansbery, Mo**

17. (a) **burial** (b) Date thereof **3-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kirk Cemetery**

18. (a) Signature of funeral director **Arch C. Fuller**

(b) Address **Grand City, Mo**

19. (a) **April 30 1946** (b) **Leta E. Dawson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26** year **1946** hour **10** minute **36** A. M.
APR 11 1946

21. I hereby certify that I attended the deceased from **45** 19 **45** to **March 26 1946** 19 **46**;
that I last saw him alive on **March 20 1946** 19 **46**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio Sclerotic Heart Disease

Due to **Arterio Sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **97**

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 **O. L. Fullerton** M. D. or _____
Address **Redding Iowa** Date signed **4/30 46**

**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..... *Josh C. Dumble*
Licensed Embalmer No. *3252*
P. O. Address..... *East City, 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.