

No. 2
-3-43
5-17-39
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FILED JUL 25 1946
Registration District No. _____

Primary Registration District No. 5035

State File No. _____
Registrar's No. 82

1. PLACE OF DEATH:

(a) County Andrain
 (b) City or town Centralia Rural Salington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
E. F. D. #3
 (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 Andrain
 (c) City or town Centralia Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. E. F. D. #3
 (If rural, give location) _____
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Carl Hussell Harlow
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
 year 1946 hour 4 - minutes 30 A. M.
 21. I hereby certify that I attended the deceased from July 13, 1943
 _____, 19____, to June 5th, 1946
 _____, 19____, and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 (b) Name of husband or wife Mallie Utley Harlow
 (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Dec. 30, 1881
 (Month) (Day) (Year)

that I last saw him alive on June 5, 1946
 Immediate cause of death Myocardial Degeneration
 Due to Chronic Nutritional Insufficiency
 Due to Atherosclerosis
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years, Months, Days, If less than one day
64 6 8 hr. _____ min.
 9. Birthplace Molino, Mo.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer
 11. Industry or business _____
 12. Name George W. Harlow
 13. Birthplace DK (State or foreign country) 9
 14. Maiden name Fannie Woods
 15. Birthplace DK (State or foreign country) 9
 16. (a) Informant Mrs. C. R. Harlow
 (b) Address Centralia, Mo.
 17. (a) Burial (b) Date thereof 6/9/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Centralia, Mo.
 18. (a) Signature of funeral director Chas. Curran
 (b) Address Mexico, Mo.
 19. (a) 6/9/46 (b) Blanche Neely
 (Date received local registrar) (Registrar's signature)

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?

 (Specify type of place) (e) Means of injury _____
 23. Signature P. A. Baker
 Address Centralia Mo Date signed 6/8/46

4000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 7-46-1369

Date Filed JUL 12 1948

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 *Clus Arnold*

Licensed Embalmer No. 3569

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

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.