

No. 2  
M-5-43  
v. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 28 1946  
128

State File No. 26836  
Registrar's No. 679

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution:  
1411 N. Broadway Ave.  
(d) Length of stay: In hospital or institution.  
In this community 59 Years 6 months 13 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(d) Street No. 1411 N. Broadway Ave. 6  
(e) Citizen of foreign country? NO (Yes or No) 0

3. (a) PRINT FULL NAME LESON CROCKET HARMAN  
(b) If veteran, name war None (c) SOCIAL SECURITY No. ULRK

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 15th  
year 1946 hour 10:41 A.M. minute M.  
21. I hereby certify that I attended the deceased from 8-1 to 8-15, 1946  
that I last saw him alive on 8-13, 1946  
and that death occurred on the date and hour stated above.

4. Sex male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary E. Harman  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased June 21, 1867  
(Month) (Day) (Year)

Immediate cause of death  
Diphtheria  
Duration 12 hr.

8. AGE: Years 79 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Sugar Grove, N. Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Frisco Rail Road

12. Name David T. Harman  
13. Birthplace Sugar Grove, N. Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Clawson  
15. Birthplace no record Tennessee  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

16. (a) Informant Mrs. Mary E. Harman

(b) Address 1411 N. Broadway Ave., Springfield, MO  
17. (a) Burial, cremation, or removal Burial (b) Date thereof August 16, 1946  
(Month) (Day) (Year)

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?

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Fred C. Thieme  
(b) Address Springfield, MO

While at work? (Specify type of place)  
(c) Means of injury  
23. Signature (M. D. or other)  
Address Date signed 8-17-46

19. (a) 8-17-46 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

III (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

XV

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..... *Erad C. Thorne* .....

Licensed Embalmer No. 3681 .....

P.O. Address Springfield, 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.**

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