S. No. 2
M—2-43
. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36532

Registration District No. 78 — Primary Registration District No. 5362 — Registrar's No. 116

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Jamesport Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Honey Inn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 1 yr. 9 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Jamesport 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 0
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT L. HARBAUGH

3. (b) If veteran, name war no

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Fannie Harbaugh

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov. (Month) 14 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	0	9	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name W. E. Harbaugh
13. Birthplace — (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Frances Wofenberger
15. Birthplace — (City, town, or county) Pa. (State or foreign country)

16. (a) Informant D. N. Harbaugh

(b) Address RH 1 Jamesport Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Liberty, Mo

18. (a) Signature of funeral director Church, Archer Co.

(b) Address Liberty Mo

19. (a) 11-27-46 (Date received local registrar) (b) Virginia M. Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1946 hour 8 ~~minute~~ 40 P.M.

21. I hereby certify that I attended the deceased from Feb. 2, 1945, to Nov. 23rd, 1946 that I last saw him alive on Oct 25th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 3 years

Due to Do not Know

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93D

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Oliver Pluffy (M. D. or other) M. D.

Address Trenton Mo. Date signed Nov. 24th 1946

81

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1946

DISTRICT HEALTH
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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.