

No. 2
A-5-43
5-17-39
I X38671

FILED JAN 9 1947
Registration District No. **189**

Primary Registration District No. **4180**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Dunklin**

(b) City or town **Campbell**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Home**
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**

(c) City or town **Campbell**
(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 **Brenda Jo Harbin**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **30** year **1946** hour _____ minute **2:15 P.M.**

21. I hereby certify that I attended the deceased from **Dec 29, 1946** to **Dec 30, 1946** that I last saw her alive on **Dec 30, 1946** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

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

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

7. Birth date of deceased **November 2, 1946**
(Month) (Day) (Year)

Immediate cause of death **Pneumonia** Duration **1 Day**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years _____ Months **1** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Campbell Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business

12. Name **Richard Harbin**

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

14. Maiden name **Louise Hodges**

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Richard Harbin**

(b) Address **Campbell, Missouri**

17. (a) Burial, cremation, or removal **Burial** (b) Date thereof **12-31-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn**

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? **2**

18. (a) Signature of funeral director **Anderson Funeral Home**
(b) Address **Campbell, Missouri**

19. (a) Jan 3/1947 (b) **Mrs. Beulah Campbell**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **D. B. Franklin** (M. D. or other) **100**
Address **Campbell, Mo.** Date signed **Dec 31/46**

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

MOTHER FATHER

RECEIVED

Health Office No. 2,

District No. Number 147-38

Date Filed 1-7-47

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.