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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 17

Registration District No. 96

Primary Registration District No. 5348

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Rural Grant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
URBANA MO. P.R.
(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 Dallas
(c) City or town Urban - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. URBANA MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Luyitta Harmon
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife W. L. Harmon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 11 1971
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 _____ hr. min.

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Chalborn Harmon G
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name Martha Hurst (City, town, or county) (State or foreign country)
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Elemer Rambo

(b) Address URBANA MO.

17. (a) BURIAL (b) Date thereof Mar. 18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem.

18. (a) Signature of funeral director Montgomery Vaughan
(b) Address Ruffalo Mo.

19. (a) 3-20-47 (b) Ernest Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11
year 1947 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from Jan 1 1947 to March 11 1947
that I last saw her alive on March 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver 1947
Duration _____

Due to Do you know?

Due to Lymphadinitis 2 MO

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

Major findings:
Of operations None
Of autopsy None
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? _____

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

23. Signature E. G. Harmon (M. D. or other) _____
Address Ruffalo MO Date signed 3-18-47

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

90

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District No. 845
District File Number 8-47-845
Date filed 3-31-47

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.

Signed *Lloyd Montgomery*
Licensed Embalmer No. *3592*
P. O. Address *Buffalo 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.