

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

FILED APR 17 1947

State File No.

Registration District No. 37

Primary Registration District No. 4049

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Boone Mo
(b) City or town Centralia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE
(c) City or town CENTRALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE W. HARLOW

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

4. Sex M.O 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife NANCY F. HARLOW 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased AUG-27-1951
(Month) (Day) (Year)

8. AGE: Years 95 Months 6 Days 19 If less than one day - hr. - min.

9. Birthplace MONROE CO. MO, U
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

12. Name RUBIN HARLOW

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

14. Maiden name MARTHA J. HARROVE

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

16. (a) Informant NATHAN HARLOW

(b) Address CENTRALIA - MO.

17. (a) BURIAL (b) Date thereof 3/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CENTRALIA - MO.

18. (a) Signature of funeral director Wm J. J. J. J.
(b) Address Centralia Mo

19. (a) April 10/47 Maud McBride
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16
year 1947 hour 11 minute 45 AM

21. I hereby certify that I attended the deceased from Mar. 14 1947 to Mar. 16 1947
that I last saw him alive on Mar. 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senescence

Due to
Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 93D
Of autopsy

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) (e) Means of injury

23. Signature M. J. J. J. (M.D. or other) 0
Address Centralia Mo Date signed 3/12/47

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

Date Filed 4-21-42

District File Number

District Health Officer No. 9

RECEIVED

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 George Jernigan

Licensed Embalmer No. 4270

P. O. Address Centralia 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.