

Registration District No. 55

Primary Registration District No. 5798

1. PLACE OF DEATH:  
(a) County **Carroll**  
(b) City or town **\*rural\* Trotter 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 **Entire life**  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Carroll** 17  
(c) City or town **\*Rural\***  
(d) Street No. **Carrollton, Mo. R.F.D. #1**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JOHN W. HARFORD**  
**JAMES W. HARFORD**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Apr.** day **24**  
year **1947** hour **11** minute **A.** M.  
21. I hereby certify that I attended the deceased from **Coroner Call** to **April 28**, 19**47**,  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex **M.** 5. Color or race **W.**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Apr. 1 1875**  
(Month) (Day) (Year)

Immediate cause of death **blast death by amputation of arm being torn off by tractor while handling fodder the etc**  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**72 0 24** hr. \_\_\_\_\_ min.

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

9. Birthplace **Carroll County Mo.**  
(City, town, or county) (State or foreign country)  
Usual occupation **Farming**

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
**175A-6**

Industry or business \_\_\_\_\_  
12. Name **J.O. Harford**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sarah Silkey**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. Informant **Lester Stark**  
17. Address **Carrollton, Mo.**  
**Burial** (b) Date thereof **4/29/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ 17  
(b) Date of occurrence **Apr. 24-1947**  
(c) Where did injury occur? **on his farm** **Carroll** **Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**on his farm**

18. Place: burial or cremation **Beaty Cem.**  
19. (c) Signature of funeral director **Standley & Gibson**  
(d) Address **Carrollton, Mo.**  
(a) **128/47** **Mr. Herbert Clark**  
(Date received from registrar) (Registrar's signature)

While at work? **Yes** (Specify type of place) **Left arm**  
(e) Means of injury **Left arm**  
23. Signature **Herbert Clark** (M. D. or other) **Coroner 3**  
Address **Carrollton Mo.** Date signed **4-28-47**

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

Copy by aff. of Dec. 22, 1946

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-6-47

DEC 12 1947

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

*Bert W. Gibson*

Licensed Embalmer No. 2961

P. O. Address **Carrollton, 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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Carroll } ss.

State File No. 12750  
Local Registrar's No. 191

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17th day of December, 1947, before me appears.....

Lester Stark, who, upon his oath, states that the original record of <sup>XXXX</sup> birth death  
for John W. Harford died April 24, 1947, in the State of  
Missouri, and which was filed at Carrollton, Mo. on Apr 28, 1947, should be corrected as follows:

Item No. 3 should read John W. Harford

Instead of JAMES Wm. Harford

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lester Stark nephew  
Relationship.

Carrollton, Missouri  
Present Address.

Subscribed and sworn to before me this 17 day of December, 1947.

My Commission expires October 6, 1951 Hedra Krepischild Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

DEC 22 1947