

U.S. No. 2
M-12-45
v. 5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23182**
Registrar's No. **105**

Registration District No. **360**

Primary Registration District No. **6225**

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution State Hospital 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 54 hrs. 2 mos. 5 da.
whether

In this community 54 years - 2 mos 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 108

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

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NANCY HARBOR

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 30 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>0</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Barton Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

MOTHER FATHER

11. Industry or business _____

12. Name William R Harbor 9

13. Birthplace William D.K. _____
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth A Harbor

15. Birthplace P.R.D 9
(City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address State Hospital

17. (a) Burial (b) Date thereof June 11 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Mo

18. (a) Signature of funeral director Gerald Beery

(b) Address Sheldon Mo

19. (a) 6-11-47 (b) Kathryn Hanner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10
year 1947 hour 12:20 minute 19 A. M.

21. I hereby certify that I attended the deceased from 6-4-47 to 6-10-47
that I last saw her alive on 6-4-47
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis

Due to _____ 2.0 years +

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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)

(c) Means of injury _____ 0

23. Signature J.R. Bunk (M. D. certificate) _____

Address State Hospital # 3 Date signed 6.10.47

Form filed
6-12-47
District Health Officer No. 7,
5-47-732
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 L. Gerald Beeny

Licensed Embalmer No. 4283

P. O. Address Sheldon Ms.

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.