. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44139

FILED JAN 20 1948

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Day (Specify whether years, months or days)
In this community All of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Rural Montrose, Mo.
(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 JAMES DEWEY HARBERT
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rena Harbert
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept. (Month) 10, (Day) 1899 (Year)

8. AGE: Years 48 Months 3 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Bates Co., Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Merchant
11. Industry or business _____
MOTHER FATHER
12. Name John S. Harbert
13. Birthplace Missouri. (City, town, or county) (State or foreign country)
14. Maiden name Carrie Harbert
15. Birthplace Missouri. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Rena Harbert (Wife)
(b) Address RFD Montrose, Mo.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Johnstown, Mo.,
18. (a) Signature of funeral director Booth Funeral Home
(b) Address Butler, Mo.,
19. (a) 1-2-48 (Date received local registrar) (b) Randell Kenny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1947 hour 1:20 minute AM M.
21. I hereby certify that I attended the deceased from Dec 17, 1947, to Dec 31, 1947, that I last saw him alive on Dec 31, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NO
Of autopsy NO

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) No
(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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature A. Hillsdale (M. D. or other)
Address Butler, Mo. Date signed 2 Jan 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 14-42-3040
Date Filed 1-19-48

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 Kenneth H. Book, Registered Apprentice No. 471, working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.