S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11784

FILED MAY 6 1948
Registration District No. 348

Primary Registration District No. 3011

Registrar's No. 33

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

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(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 ..... (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town Carrollton /
(If outside city or town limits, write "RURAL")
(d) Street No. 401 East 4th /
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sally Ann Harman
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Child 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 20, 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
5	11	12	hr. min.

9. Birthplace Carrollton, Missouri /
(City, town, or county) (State or foreign country)
10. Usual occupation School Child
11. Industry or business None
FATHER
12. Name Vernon Harman
13. Birthplace Carrollton, Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Odessa May Stewart
15. Birthplace Carroll County, Missouri /
(City, town, or county) (State or foreign country)
16. (a) Informant Vernon Harman
(b) Address Carrollton, Missouri
17. (a) Burial (b) Date thereof 4/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Caramel
18. (a) Signature of funeral director Marshall F.H.
(b) Address Carrollton, Mo.
19. (a) 4/3/48 (b) Mrs Herbert Calsel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1948 hour 12 minute 00 Noon
21. I hereby certify that I attended the deceased from
April 2, 1948 to ..... 19....;
that I last saw her alive on April 2, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury /
23. Signature W. O. Dann (M. D. or other) BC.
Address Carrollton, Mo. Date signed April 3 48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 5-5-48

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~~ ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Robert M. Marshall Jr

Licensed Embalmer No. 4469

P. O. Address Carrollton,

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.