

No. 2  
12-45  
17-39  
X47070

FILED MAY 1 1948

Registration District No. 15

Primary Registration District No. 3015

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

1. PLACE OF DEATH:

(a) County Clynton

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

(c) Name of hospital or institution:  
415 Groat  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10.1  
(Specify whether years, months or days)

In this community 55 year  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clynton

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

(d) Street No. 415 Groat  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Hana Evelyn Harriman

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1948 hour 1 minute 2207 M.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife O.A. Harriman

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: Oct 21 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1946  
19 18 to 18 April 1948  
that I last saw her alive on 16 April 1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>27</u>	hr. min.

Immediate cause of death Chronic myocarditis  
Chronic valvular  
Heart Disease,  
Decompensation and  
Renal insufficiency

Due to Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938

Of autopsy 938

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work (Specify type of place) (e) Means of injury 0

23. Signature Ind. Times (M. D. or other) 0  
Address Cameron Mo Date signed 4-19-48

9. Birthplace Webster Co Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business —

MOTHER FATHER

12. Name Noah Mc Guire

13. Birthplace no record (City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Wallace

15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Mia Jean West

(b) Address Cameron

17. (a) Buried (b) Date thereof 4 19 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parson

18. (a) Signature of funeral director Palmer Funeral Home

(b) Address Cameron

19. (a) April 19, 1948 (b) Winifred W. Moser  
(Date received local registrar) (Registrar's signature) 2211

MAY 12 1949

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 A. Trammell*

Licensed Embalmer No. *4425*

P. O. Address. *309 1/2 West 8th*

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.

*Cameron, Missouri*