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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 12 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 12160
Registrar's No. 367

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Glenstone & Sunshine - nth est. corner
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community fifty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1333 Concord 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Alphonso Harmon
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maud Harmon
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased August (Month) 19 (Day) 1876 (Year)

8. AGE: Years 71 Months 8 Days 12 If less than one day x hr. x min.

9. Birthplace Walnut Grove Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Weights & measures inspector
11. Industry or business City of Springfield
FATHER
12. Name F. E. Harmon
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Elizabeth - ~~Harmon~~
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant wife - Mrs. Maude Harmon
(b) Address 1333 Concord
17. (a) burial (b) Date thereof 5-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address 630 St. Louis St.
19. (a) 5-5-48 (b) W. E. Handley 11
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month ~~Sept~~ May day 2
year 1948 hour 10 noon minute — M.
21. I hereby certify that I attended the deceased from Unattended by a physician;
that I last saw him alive on ..... 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death probably coronary thrombosis	
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. E. Handley local registrar (M. D. or other)
Address Springfield Mo Date signed 5/4/48

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

JUN 12 1948

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 Richard E. Watts, Registered Apprentice No. ....., working under my personal supervision.

Signed Jewell E. Windle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.