S. No. 2
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5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 26 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12271

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

40
1
2

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 804 E 17th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88
(c) City or town Higbee Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. West 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Oris B. Harbert

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife Clara Harbert 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased February (Month) 17 (Day), 1872 (Year)

8. AGE: Years 76 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Coffey County Kansas (City, town, or county) (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thos. M. Harbert
13. Birthplace (City, town, or county) W. Virginia (State or foreign country) 1

MOTHER
14. Maiden name Mary Toland
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant C. L. Harbert
(b) Address Queen City, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Queen City Mo

18. (a) Signature of funeral director Wm N West
(b) Address Queen City Mo

19. (a) Apr-12-1948 (Date received local registrar) (b) Irene Fair (Registrar's signature) 11.5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1948 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from April 1st 1948 to April 12th 1948 that I last saw him alive on April 12th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 1 year

Due to Do not know

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93
Of autopsy

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)
(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 Oliver Jeffery MD (M. D. or other) 0
Address Trenton Mo Date signed April 13th 1948

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.
MAY 10 1948

MAY 14 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 self

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm H West

Licensed Embalmer No. 2872

P. O. Address Queencity 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.