No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15576

Registration District No. 46 Primary Registration District No. 5153 Registrar's No.

1. PLACE OF DEATH:
(a) County: Caldwell
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Caldwell 13
(c) City or town: Kingston, Mo. (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Veda May Harlow
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Russell E. Harlow
6. (c) Age of husband or wife if alive: 31 years
7. Birth date of deceased: March (Month) 21 (Day) 1922 (Year)
8. AGE: Years 26 Months 1 Days 16 If less than one day hr. min.
9. Birthplace: La Cygne (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business
MOTHER FATHER
12. Name: Grover Miller
13. Birthplace: La Cygne (City, town, or county) Kansas (State or foreign country)
14. Maiden name: Grace Rose
15. Birthplace: La Cygne (City, town, or county) Kansas (State or foreign country)
16. (a) Informant: Russell E. Harlow
(b) Address: Kingston, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Kingston Cemetery
18. (a) Signature of funeral director: Cramer Clark
(b) Address: Kingston, Missouri.
19. (a) June 8/48 (Date received local registrar) (b) Gladys Jones (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1948 hour 8 minute 30 M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage of head, Skull punctured. Collision between automobiles on State Highway #116- 6½ miles west of Polo, Mo.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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): Accident 13
(b) Date of occurrence: May 8 1948
(c) Where did injury occur? Polo, (City or town) Rural-Caldwell-Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Highway #116-6½ miles west of Polo, (Specify type of place)
While at work? no (e) Means of injury: Two cars collided
23. Signature: Cramer Clark Coroner
Address: Kingston, Mo. Date signed: 5/8-48

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1948

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.