

Registration District No. 103

Primary Registration District No. 5417

State File No.

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Sturgeon Island
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Camuth
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CORBIN CAPTIAN HARMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-18-6631

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Dec 10 1902
(Month) (Day) (Year)

8. AGE: Years 45 Months 7 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Cape County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name A. J. Harman ()

13. Birthplace Boalinger county Mo
(City, town, or county) (State or foreign country)

14. Maiden name Bernadine Leasley ()

15. Birthplace Boalinger county Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Harman

(b) Address Kennett Mo Rt 1

17. (a) _____ (b) Date thereof 7-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty cemetery

18. (a) Signature of funeral director W. T. ...

(b) Address ...

19. (a) 8-12-48 (b) Bertha ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25
year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dead on arrival, 19____, to _____, 19____;
that I last saw h_____ alive on noon
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion, Acute Duration 4 hrs

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Wayne Starfield (M. D. or other) Mo

Address Hametville, Mo Date signed 7-27-48

RECEIVED

District Health Office No. 2

District File Number 248-1017

Date Filed 8-1-42

1938
8-1-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.