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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 28 1948

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23210**
Registrar's No. **213**

Registration District No. **146**

Primary Registration District No. **3026**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence, 201 E. Jones
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 years
(Specify whether
In this community 32 years
years, months or days)

3: (a) PRINT FULL NAME MRS. ALVINA R. HARMON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Wm. Harmon, (deceased) 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 25, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 13 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name Julius Rustenbach

13. Birthplace unknown, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Kauffman

15. Birthplace unknown, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. E. Casper

(b) Address 201 E. Jones, Independence, Mo.

17. (a) burial (b) Date thereof 7-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cem. K.C. Mo.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) 7-10-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 201 E. Jones
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1948 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from 9/23 1947 to 7/8 1948
that I last saw her alive on 7/6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure
Due to arteriosclerotic heart disease

Due to
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 9/20
Of autopsy

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) (e) Means of injury C
23. Signature [Signature] (M. D. or other)
Address Independence, Mo. Date signed 7/9/48

Duration 2 1/2 hrs
PHYSICIAN yes
Underline the cause to which death should be charged statistically.

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. *4123*

P. O. Address *Independence, 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.