

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32189**
Registrar's No. **298**

FILED OCT 23 1948

Registration District No. **77**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 days (Specify whether years, months or days)
In this community 43 days

3. (a) PRINT FULL NAME IDA M. HARLOW
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William Franklin Harlow 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Feb 1 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Tipton Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Home work

11. Industry or business _____
12. Name John Kimmman
13. Birthplace OK Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Martha Hoyle
15. Birthplace OK Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital, Rind
(b) Address Fulton, Mo.
17. (a) Removal (b) Date thereof Oct 10 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Iowa

18. (a) Signature of funeral director Walker Funeral Home
(b) Address Fulton, Mo.
19. (a) Oct 10 - 1948 (b) Joac Moravickhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HOWARD 27
(c) City or town Bonville, Miss 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. 105 Walnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1948 hour 6:00 minute A M.
21. I hereby certify that I attended the deceased from 27 August 1948 to 10 October 1948; that I last saw her alive on 9 October 1948; and that death occurred on the date and hour stated above.

Immediate cause of death PARKINSON'S DISEASE
Due to _____
Due to _____

GENERALISED ARTERIOSCLEROSIS
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations gpc
Of autopsy _____
Duration _____
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) (e) Means of injury _____
23. Signature Wayne Shofley (M. D. or other) 10 Oct 48
Address Fulton, Missouri Date signed _____

OCT 22 1948
RECEIVED
OFFICE OF THE
COMMISSIONER
No. 9,

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 *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton 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.