

No. 300
1-10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37130**

Registration District No. **155** Primary Registration District No. **3427** Registrar's No. **165**

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

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Webb City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
417 East Fourth St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no** (Specify whether)
In this community **48 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Webb City** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **417 East Fourth Street** **2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Retta Harmon**
3. (b) If veteran, **No** name war _____
3. (c) Social Security No. **none**

4. Sex **F.** / 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ray Harmon**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January 27 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 **9** **20** hr. min.

9. Birthplace **Webb City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Claude Porter** **0**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Kate Maupin**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ray Harmon (Husband)**

(b) Address **Webb City, Mo.**

17. (a) **Burial** (b) Date thereof **11/20/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Hedge-Lewis**
(b) Address **Webb City, Mo.**

19. (a) **NOV. 17, 1948** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17**
year **1948** hour **1:15** minute **P** M.
21. I hereby certify that I attended the deceased from **Oct 11**, 19**47**, to **Nov 17**, 19**48**;
that I last saw her **FR** alive on **Nov 14**, 19**48**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** **2da**
Due to **Ca of Appendix** **1yr**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **H&E**

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
Signature *[Signature]* (M. D. or other) **MD**
Address **Webb City Mo** Date signed **Nov 17-48**

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 Richard Gray Lewis

Licensed Embalmer No. 444015

P. O. Address Webb City 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.