S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39774

FILED DEC 22 1948

Registration District No. ~~4186~~ 114 Primary Registration District No. ~~11A~~ ~~5432~~ 4186 Registrar's No. 94

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 53 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Sullivan 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia Harmon
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 29 (Day) 1873 (Year)

8. AGE: Years 74 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Anthonies Mill (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name Jacob Kimberlin
13. Birthplace Virginia / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Delilah Harper
15. Birthplace Ohio. / (City, town, or county) (State or foreign country)

16. (a) Informant Hallie Collins
(b) Address Sullivan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Sullivan
18. (a) Signature of funeral director Thos. P. Shaffer
(b) Address Sullivan, Mo.
19. (a) 12-17-48 (Date received local registrar) (b) C.A. Proctor (Registrar's signature) 97

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17
year 1948 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 11-20 1948 to 12-17 1948
that I last saw her alive on 12-16 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion 3	Days
Due to: Cerebrovascular	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94

PHYSICIAN
Underline the cause of 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

23. Signature C.A. Proctor (M. ~~D. or other~~)
Address Sullivan, Mo. Date signed 12-17-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number DEC 21 1948
Date Filed

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 Edgar W Taffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan - 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.