

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

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY LAFFAYETTE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAFFAYETTE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEXINGTON		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEXINGTON		d. STREET ADDRESS (If rural, give location) 1408 FRANKLIN AVE
3. NAME OF DECEASED (Type or Print) EDWIN			a. (First)	b. (Middle) A	c. (Last) HARBOW
4. DATE OF DEATH (Month) (Day) (Year) 1-5-1949	5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-12-1910	
9. AGE (In years last birthday) 38	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) CENTRALIA MO	12. CITIZEN OF WHAT COUNTRY? U. S. A.	13a. FATHER'S NAME Arch J. Harbow	13b. MOTHER'S MAIDEN NAME NOT KNOWN
13c. NAME OF HUSBAND OR WIFE MAXINE KING	14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	15. SOCIAL SECURITY NO.	16. INFORMANT'S SIGNATURE OR NAME MRS MAXINE HARBOW, LEX. MO		
17. ADDRESS	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				
19. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/4 , 19 49 , to 1/5 , 19 49 , that I last saw the deceased alive on 1-5 , 19 49 , and that death occurred at 2:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature]		23b. ADDRESS [Address]		23c. DATE SIGNED 1-10/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-7-1949	24c. NAME OF CEMETERY OR CREMATORY MARSHALL CEM.	24d. LOCATION (City, town, or county) (State) LEXINGTON MO.		
DATE REC'D BY LOCAL REG. Jan 26 - 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 156 FOREST T EMPEL LEX. MO.		

Payne

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 2-2-49

MAR 29 1949

AUG 7 1952

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Geo. W. Keane*

Licensed Embalmer No. 2983

P. O. Address *Leesington, W.V.*

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.