FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1781

Registration District No. 184 — Primary Registration District No. 3038 — Registrar's No. 132

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield Mo.
(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 58 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 322 C Robard
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Henry Harwood
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elma Harwood
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Mar (Month) 31 (Day) 1890 (Year)

8. AGE: Years 58 Months 9 Days 27 If less than one day hr. min.

9. Birthplace No. of St. Catherine Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Real Estate Dealer Ins.
11. Industry or business
FATHER
12. Name Thomas Harwood
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Jepham
15. Birthplace New York City N.Y. (City, town, or county) (State or foreign country)
16. (a) Informant Martha J. Harwood
(b) Address St. Catherine Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1949 (Month) (Day) (Year)
(c) Place: burial or cremation St. Michael's Cemetery
18. (a) Signature of funeral director Homer Bowden
(b) Address Brookfield Mo.
19. (a) 2/1/49 (Date received local registrar) (b) W B Erwin (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28th year 1949 hour 5 minute 40 P.M.
21. I hereby certify that I attended the deceased from 4 P.M. 1-28 1949, to Jan 28 5:40 P.M. 1949 that I last saw him alive on Jan 28 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1½ hrs.
Due to: arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

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 W.B. Simpson (M. D. or other) DO
Address Brookfield Date signed 1-29-49

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

MAR 1 1949

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 James B. McClelland

Licensed Embalmer No. 4230

P. O. Address Brookfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.