

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13104

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 134					
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Marion</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>150 Robinson Avenue</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>George Harwood</b>			b. (Middle)			c. (Last)					
4. DATE OF DEATH (Month) (Day) (Year) <b>April 16, 1949</b>											
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>February 22, 1860</b>		9. AGE (In years last birthday) <b>89</b>			
						IF UNDER 1 YEAR Months Days Hours Min. <b>1 24</b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>xx</b>				11. BIRTHPLACE (State or foreign country) <b>Cleveland Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Nelson Harwood</b>			13b. MOTHER'S MAIDEN NAME <b>Susan Whipple</b>			14. NAME OF HUSBAND OR WIFE <b>Josephine Whitten</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Clarence Dryden</b>			ADDRESS <b>1218 Fulton Hannibal</b>		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis Arteriosclerotic</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <b>4560</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			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) (Min.)			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 _____, 19____, to <b>4/16</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>4/15</b> , 19 <b>49</b> , and that death occurred at <b>2:50 Am.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Wm. Canillano</b>				(Degree or title)				23b. ADDRESS <b>1001 Broadway</b>		23c. DATE SIGNED <b>4/19/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4/18/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>			24d. LOCATION (City, town, or county) (State) <b>Hannibal Reels Missouri</b>				
DATE REC'D BY LOCAL REG. <b>4-20-49</b>		REGISTRAR'S SIGNATURE <b>W. E. M. Leche</b>			By <b>W. E. F. High</b> Deputy Registrar		FUNERAL DIRECTOR'S SIGNATURE <b>W. E. F. High</b> ADDRESS <b>Hannibal Missouri</b>				

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

*H. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.