

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1470

Registrar's No. 37

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

1. PLACE OF DEATH a. COUNTY JACKSON <i>Rural (Blue)</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY <i>3258</i>	
c. LENGTH OF STAY (in this place) 12 years		d. STREET ADDRESS (If rural, give location) 1606 1/2 Wabash Hardy	
d. FULL NAME OF HOSPITAL OR INSTITUTION CRAWFORD CONVALESCENT HOME			
3. NAME OF DECEASED (Type or Print) a. (First) FRED	b. (Middle) S.	c. (Last) HARBOLT	4. DATE OF DEATH (Month) (Day) (Year) Jan. 26th, 1950
5. SEX male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married <input checked="" type="checkbox"/>	8. DATE OF BIRTH December 6, 1868
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman - retired	11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Jacob Harbolt		13b. MOTHER'S MAIDEN NAME Matilda	14. NAME OF HUSBAND OR WIFE Mary Harbolt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <i>794X</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Senility</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Belsores</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>none</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 *Dec 11, 1949*, to *Jan 26, 1950*, that I last saw the deceased alive on *Jan 24, 1950*, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>John V Green</i> (Degree or title)	23b. ADDRESS <i>Independent</i>	23c. DATE SIGNED <i>1-27-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE <i>Jan. 27, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY
		24d. LOCATION (City, town, or county) (State) <i>Fort Madison, Iowa</i>

DATE REC'D BY LOCAL REG. <i>Jan. 27-1950</i>	REGISTRAR'S SIGNATURE <i>John V Green</i> 354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Quirk &amp; Tobin, 20 W. Linwood</i>
--	---	--

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

*2480*

FEB 1 RECD

RECEIVED

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 *Forrest D. Coldenon*

Licensed Embalmer No. *4714*

P. O. Address *S. C. 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.