

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9208

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 524 W. Central	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rock City Campcity limits			

3. NAME OF DECEASED (Type or Print)	a. (First) Harold	b. (Middle) Arthur	c. (Last) HARMON	4. DATE OF DEATH (Month) (Day) (Year) March 19, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17, 1915	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months 9	IF UNDER 48 HRS. Days 2	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator	10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (State or foreign country) Carthage, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Arthur R. Harmon	13b. MOTHER'S MAIDEN NAME Lillie May Radnor	14. NAME OF HUSBAND OR WIFE Grace Lorene Sherman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) WW #2 500-01-6850	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace L. Harmon	ADDRESS 524 W. Central Carthage, Mo.
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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 = 981X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) "Met his death as the result of		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of Rubella meningitis by gunshot wound DUE TO (c) "wound"		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. "Coroner's Jury Verdict"			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Park St. Camp	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Merion Inschip Jasper Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 19 1950 1 1/2 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gunshot wound

22. I hereby certify that I attended the deceased from And was at end dance 19, that I last saw the deceased alive on 19, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Josephine National Band Body</u>	23b. ADDRESS <u>3-20-50</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-22-1950	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG. 3/21/1950	REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>	ADDRESS Carthage, Mo.
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Per. 4. Requiem (and Embalmer's Statement on Reverse Side)

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

A-13
9

RECEIVED 3-27-50
Jasper County Health Office APR 12 1950

County File Number 50-3-209

Date Filed 3-31-50

JAN 29 1951

AUG 4 1950

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

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working under my personal supervision.

Student Embalmer No.

Gene C. Pugh
Gene. C. Pugh.

Student
Student Embalmer

Signed

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.