

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41200

Registrar's No. 28

Registration District No.

Primary Registration District No. 4796

1. PLACE OF DEATH

(a) County Linn  
(b) City or town Browning-Town  
(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  
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Cornelia Becker Harmon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, divorced, Widowed  
6. (b) Name of husband or wife Jacob B. Harmon 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased February 8, 1858 (Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Clatsville, Miss. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Hiram Becker  
13. Birthplace New York (City, town, or county) (State or foreign country)  
14. Maiden name Eveline Traber  
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Collins  
(b) Address Browning, Mo.  
17. (a) Buried (b) Date thereof Dec 10/42 (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Knifey Grove Cem. Browning  
18. (a) Signature of funeral director W. H. Frank  
(b) Address 17-10-42  
19. (a) 17-10-42 (b) Geo H. Hudson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Browning-Town  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8  
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Aug 1936 to Dec 8 1942  
that I last saw her alive on Dec 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Senility

Due to

Due to

Other conditions (Including pregnancy within 3 months of death)

See Anemia

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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 J. R. Martin (M. D. or other)  
Address Browning Mo Date signed 12-10-42

1259 (Licensed Embalmer's Statement on Reverse Side)

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

**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

*Frank J. Schoen*

Licensed Embalmer No.

*2016*

P. O. Address

*Milan, 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.**