REC'D APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10904
Do not use this space.

1. PLACE OF DEATH
(a) County GRUNDY 2 Registration District No. 328
(b) Township 1 Primary Registration District No. 3017 Registered No.
(c) City TRENTON 1 (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ODUS LOVETT HARKINS
(a) Residence, No. SPICKARD MO St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRANCIS (THOGMARTIN) HARKINS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 26 1908
7. AGE YEARS 30 MONTHS 9 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TRUCKING
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MERCER Co Mo

FATHER
13. NAME MELVIN HARKINS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEBRASKA

MOTHER
15. MAIDEN NAME CORDA HAGGARD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MERCER Co Mo

17. INFORMANT (ADDRESS) Geo Harkins Spickard Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE HARLEY Mercer Co DATE Mch 2 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas E Schoole Spickard Mo
20. FILED 2/28 1939 Drew D. Faw Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1939 to Feb 28, 1939
I last saw him alive on Feb 28, 1939. Death is said to have occurred on the date stated above, at 8:30 A.M. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 2-22-39

Other contributory causes of importance: 108

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Wm A Fuson, M. D.
(Address) Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X14028

RECEIVED
District Health Officer No. 11
District File No. 39-168
Date Filed MAR 24 1939

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, Ross Wise

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Lockard Mi

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, above space should be left blank.