. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35485

Registration District No. 343 Primary Registration District No. 6154 Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Gray Ridge, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richland Gray
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Gray Ridge,
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marion Franklin Harlan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Marred.
6. (b) Name of husband or wife Chloe Idella Harlan
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Sept. (Month) 28, (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
67		1	hr. min.

9. Birthplace Wayne City (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Postmaster
11. Industry or business
FATHER
12. Name Isaac Harlan
13. Birthplace (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Harrete Berry
15. Birthplace (City, town, or county) Ill. (State or foreign country)
16. (a) Informant H. H. Harlan
(b) Address Gray Ridge
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Idalia, Mo.
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.
19. (a) Oct 18-44 (Date received local registrar) (b) Nora Irons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1944 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from June 16, 1944 to Sept 29, 1944
that I last saw him alive on Sept-29-, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	19
Due to Nephritis	
Due to Condition	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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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. P. Brandon (M. D. or other)
Address Essex, Date signed 9-30-44

1129

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1144-1458
Date Filed 11-3-44

MAY 25 1954

JAN 26 1945

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 Lyman Steele

Licensed Embalmer No. 2476

R. O. Address Dexter 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.