

FILED JUL 13 1945

Registration District No. 224

Primary Registration District No. 8046

Registrar's No. 258

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Wks (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Clara Etta Harmon

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 80 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 9 If less than one day
hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name David Edwards

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Martha Keiffer

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant John Harmon
(b) Address Granite City, Ill

17. (a) Burial (b) Date thereof July 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown Cent.

18. (a) Signature of funeral director Bowlin Funeral Home
California, Mo.
(b) Address _____

19. (a) 5-50-45 (b) D. J. Rhee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1945 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 2
1945 to June 29 1945
that I last saw her alive on June 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 years
Due to Generalized arteriosclerosis 10 years

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Kenyon Latham (M. D. or other) _____
Address California, Mo Date signed 5-2-45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-12-45

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 me

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

Signed Carl S. Bowlin

Licensed Embalmer No. 2126

P. O. Address California 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.