

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS		37-039725	
1. PLACE OF DEATH (Dist. No.) <u>1901</u>		STANDARD CERTIFICATE OF DEATH	
CITY, TOWN OR DISTRICT OF <u>LOS ANGELES</u>		LOCAL REGISTRAR NO. <u>8965</u>	
2. FULL NAME <u>HARLAN CARPENTER ALSO KNOWN AS</u>		STREET AND NO. <u>6010 SAN</u> HOSPITAL	
RESIDENCE NO. <u>512 N. PALM DRIVE</u>		CITY OR TOWN, AND STATE. <u>BEVERLY HILLS CALIF.</u>	
3. SEX <u>MALE</u>	4. COLOR OR RACE <u>CAUC</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) <u>DIVORCED</u>	22. DATE OF DEATH <u>JUNE 7 TH 1937</u>
6. DATE OF BIRTH <u>MARCH 3 1911</u>		23. MEDICAL CERTIFICATE OF DEATH	
7. AGE <u>26</u> YRS <u>3</u> MO <u>4</u> DAYS <u>ONE</u> DAY		I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>July 18, 1936</u> TO <u>June 7, 1937</u>	
8. TRADE, PROFESSION OR KIND OF WORK DONE AS EMPLOYER, EMPLOYEE, SOLEKEEPER, ETC. <u>SCREEN</u>		IF DECEASED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NO. <u>San Hospital</u>	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE AS EMPLOYER, EMPLOYEE, SOLEKEEPER, ETC. <u>SCREEN</u>		IF NON RESIDENT, GIVE CITY OR TOWN, AND STATE. <u>BEVERLY HILLS CALIF.</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION <u>6-3-37</u> TOTAL YEARS SPENT IN THIS OCCUPATION <u>8</u>		24. CORONER'S CERTIFICATE OF DEATH	
12. BIRTHPLACE (CITY OR TOWN); STATE OR COUNTRY <u>KANSAS CITY MO</u>		I HEREBY CERTIFY THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AS <u>EMMENT, ATTORNEY OR JURY</u>	
13. NAME <u>MONTCLAIR CARPENTER</u>		THOSE WHO SAID SUCH ACTING PRIOR TO THAT SAID DECEASED CAME TO A DEATH ON THE DATE STATED ABOVE.	
14. BIRTHPLACE (CITY OR TOWN); STATE OR COUNTRY <u>UNKNOWN UNKNOWN</u>		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF CAUSE AS FOLLOWS:	
15. MOTHER'S NAME <u>JEAN HARLOW</u>		<u>Acute respiratory infection</u>	
16. BIRTHPLACE (CITY OR TOWN); STATE OR COUNTRY <u>DENVER COLO</u>		<u>Acute nephritis</u>	
17. A. CITY, TOWN OR DISTRICT OF DEATH <u>LOS ANGELES</u>		<u>hemia</u>	
B. IN CALIFORNIA <u>10</u> YEARS <u>00</u> MONTHS <u>00</u> DAYS		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE.	
C. IN U. S. OR FOREIGN BIRTH <u>00</u> YEARS <u>00</u> MONTHS <u>00</u> DAYS		IF OPERATION, DATE OF <u>NO</u> WAS THERE AN ANESTHETIC? <u>NO</u>	
18. INFORMANT (SIGNATURE) <u>HOWARD STRICKLAND</u>		CONDITION FOR WHICH PERFORMED: <u>None examination revealed that client</u>	
ADDRESS <u>M. G. M. STUDIOS</u>		19. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILE IN THE FOLLOWING: ACCIDENT, SUICIDE OR HOMICIDE: <u>None</u>	
19. BURIAL, CREATION OR REMOVAL: <u>BURIAL</u>		INJURED CITY OR TOWN OF <u>AT</u>	
PLACE <u>FOREST LAWN REC. VAULT</u> DATE <u>6-9-37</u>		COUNTY AND STATE OF <u>LOS ANGELES CALIF.</u>	
20. EMBALMER (LICENSE NO. <u>2350</u>) SIGNATURE <u>J. W. Lowry</u>		DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? <u>None</u>	
FEDERAL DIRECTOR <u>PIERCE BROS.</u>		NATURE OF INJURY: <u>None</u>	
ADDRESS <u>LOS ANGELES, CALIF.</u>		26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY: <u>None</u>	
21. FILED <u>JUN 9 1937</u> <u>George Carver</u>		27. SIGNATURE <u>Edward Chapman</u>	
		ADDRESS <u>1930 N. Wilcox Blvd, Los Angeles, California</u>	
		28. WHEN REQUIRED BY LAW <u>None</u>	
		COUNTRY OF <u>None</u>	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Charles Weissburg
 REGISTRAR-RECORDER/COUNTY CLERK

19-1005811

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