

DEC 7 1938

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

32445

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township 1 Primary Registration District No. 3020 Registered No. _____
(c) City Carthage (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Rosanna M. Harker 676
(a) Residence, No. 303 N. Garrison Ave. St. Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Harker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 0 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Paris County
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Jacob Harters

14. BIRTHPLACE (CITY OR TOWN) Switzerland
(STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Catherine Buchbauer

16. BIRTHPLACE (CITY OR TOWN) Knox County
(STATE OR COUNTRY) Tennessee

17. INFORMANT Jessie M. Harker
(ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Cemetery DATE Sept. 22, 1938

19. FUNERAL DIRECTOR Kremer Mortuary
(ADDRESS) Carthage, Mo.

20. FILED Sept. 23, 1938 E. J. McEntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1938

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1935 to Sept 20, 1938
last saw her alive on Sept 19, 1938 Death is said to have occurred on the date stated above, at 9:25 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Failure

Date of onset
Sept 13, 38

Other contributory causes of importance:

Chronic Myocarditis

1928

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) R. A. Webster, M. D.

(Address) Carthage, Mo.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-270
Date Filed 10-5-38

STATEMENT BY LICENSED EMBALMER

I, Emmal Stuebel, Licensed Embalmer No. 391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No. 397
working under my personal supervision.

Signed Emmal Stuebel
Licensed Embalmer No. 391

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.)