

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

38485  
Do not use this space.

REC'D DEC 1 1938

1. PLACE OF DEATH

(a) County Andram Registration District No. 26  
 (b) Township Salt River Primary Registration District No. 3002 Registered No. 142  
 (c) City Mexico Mo (d) Street No. Andram Co Hospital 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. ds.

2. PRINT FULL NAME Mrs. Rose Beasley Harris

(a) Residence, No. \_\_\_\_\_ St.  Curryville Mo  
 (Usual place of abode, if no street address, write county or city) (If not resident, give city or town and State)

**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 Robert F. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9<sup>th</sup> 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>45</u>	<u>8</u>	<u>2</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

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) Spencerburg Mo.

FATHER

13. NAME John C. Beasley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Mo.

MOTHER

15. MAIDEN NAME Susan Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

17. INFORMANT (ADDRESS) M. B. Harris Curryville

18. BURIAL, CREMATION, OR REMOVAL Curryville Cemetery DATE 11-13-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Grave Bankhead Bowling Green Mo.

20. FILED Nov 11, 1938 Blanche Neely Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10, 1938

22. I HEREBY CERTIFY That I attended deceased from Nov 9, 1938 to Nov 10, 1938  
 I last saw her alive on Nov 10, 1938. Death is said to have occurred on the date stated above, at 11:55 AM.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Liver Date of onset \_\_\_\_\_  
Secondary Anemia  
 Other contributory causes of importance:  
None  
 Name of operation None Date of operation \_\_\_\_\_  
 What test confirmed diagnosis Biopsy finding Was there an autopsy partial

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? none  
 (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) H. Deashear M. D.  
 (Address) Mexico, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number 10-28-627

Date Filed 12-12-28

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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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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.**