

REC'D SEP 15 1939

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

30035  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Reynolds Registration District No. 1108  
(b) Township Webb Primary Registration District No. 5983 Registered No. 8  
(c) City ..... (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. ds.

## 2. PRINT FULL NAME

Loch Ellen Harris  
(a) Residence, No. .... St.  (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. C. C. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11-1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
33 5 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Easton Mo.

FATHER 13. NAME Lewis H. Dueskiel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon County Ark.

MOTHER 15. MAIDEN NAME Mary White

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

17. INFORMANT (ADDRESS) Mr. C. C. Harris  
Unknown

18. BURIAL, CREMATION, OR REMOVAL PLACE Abudge Cemetery 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Yates & Coder  
Piedmont Mo.

20. FILED 8-12-39 J. C. Tiller Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1939

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1939, to Aug 1, 1939.  
I last saw her alive on Aug 9, 1939. Death is said to have occurred on the date stated above, at 3:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Decompensating heart from sub-acute bacterial endocarditis

Other contributory causes of importance: None

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury .....

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? .....

If so, specify (Signed) J. H. Clape M.D. M. D.

(Address) Piedmont, 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.

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 <sup>us</sup>.....

*Yates & Coder*....., Registered Apprentice No.....  
working under *my* personal supervision.

Signed.....

*William Coder*

Licensed Embalmer No.

*3723*

P. O. Address.....

*Piedmont, me*

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.