DEC 15 1939

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

40468
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscal 2. Registration District No. 1099
(b) Township ~~North Little Prairie~~ 1 Primary Registration District No. 5868 Registered No.
(c) City Wardell Mo (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 Beatrice Harris
(a) Residence, No. Wardell Mo St. Wardell Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fmo
4. COLOR OR RACE Cal
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1908
7. AGE YEARS 31 MONTHS 9 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

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) Hickory Flat miss

FATHER
13. NAME Tom Hafton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Flat miss

MOTHER
15. MAIDEN NAME May Della Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Myrtle miss

17. INFORMANT (ADDRESS) Willie Hafton Wardell Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wardell Mo DATE Nov 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lewis Service Kennett Mo

20. FILED Nov 20 1939 J L Creasy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-17 1939 to 6-17-39 19
I last saw her alive on 6-17-39 19 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the uterus with metastases	3-1-39

Other contributory causes of importance: 48

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. Bussabarger M. D.
(Address) Wardell, Mo

(Licensed Embalmer's Statement on Reverse Side)

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. 3,
District File Number 1239-68
Date Filed 12/4/39

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 compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.