FILED MAY 13 1940

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

15257
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis 2 Registration District No. 480

(b) Township Union 0 Primary Registration District No. 5645

Registered No. 10

(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 Mary L. Harrison

(a) Residence, No. Lewis County, Mo. St.
(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: 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: M.S.Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept.14th.1861

7. AGE: Years 78 | Months 7 | Days - | If LESS than 1 day, ...hrs. or ....min.

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): La Grange 0 / Missouri

FATHER

13. NAME: Orval S.Barker 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 0

MOTHER

15. MAIDEN NAME: Sarah F.Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis County, Missouri

17. INFORMANT: Barker Davis
(ADDRESS) Canton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Grange DATE April 16, 1940

19. FUNERAL DIRECTOR (NAME): M.A.Robert
(ADDRESS) La Grange, Mo.

20. FILED 4/16, 1940 N.L. Ellers
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): APRIL 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from MARCH 7, 1940, to APRIL 14, 1940

I last saw her alive on APRIL 14, 1940 Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

CEREBRAL HEMORRHAGE — Date of onset 4/14/40

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Other contributory causes of importance:
CHRONIC INTERSTITIAL NEPHRITIS
SENILE DEMENTIA

Name of operation ..... Date of .....

What test confirmed diagnosis? CLINICAL 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) N.L. Ellers, M. D.
(Address) La Grange Mo

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(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.

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

I X14028

RECEIVED
District Health Officer No. 10
District File Number 5-40-93k
Date Filed MAY 8 1940

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, A.A.Roberts, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, Mo.

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.