

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18483

State File No. _____

Registration District No. 944

Primary Registration District No. 5438

Registrar's No. 29

39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: GREENE Taylor Township

(a) County: GREENE

(b) City or town: Springfield T.O.R.N.E.R-3.0

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community: _____ (Specify whether)

years, months or days) 6 2 1

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Greene

(c) City or town: Turners (If outside city or town limits, write "RURAL")

(d) Street No.: Rural (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: PATTY ANN HARRIS

(b) If veteran, name war: _____ (c) Social Security No.: ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1940 hour _____ minute _____ M.

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: June 11 1935 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw is dead live on May 2, 1940; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

4 9 21 _____ hr. _____ min.

Immediate cause of death: Burns
Asphyxiation

9. Birthplace: _____ (City, town, or county) (State or foreign country) Mo. ()

Due to: Caught in burning home

Due to: _____

10. Usual occupation: Child

Other conditions: _____ (Include pregnancy within 3 months of death) 180

11. Industry or business: Child at home

12. Name: Jack Harris

13. Birthplace: _____ (City, town, or county) (State or foreign country) Mo. ()

PHYSICIAN _____

Major findings: _____

Of operations: 180
10

Of autopsy: _____

Underline the cause to which death should be charged statistically.

14. Maiden name: Atalie McHenry

15. Birthplace: _____ (City, town, or county) (State or foreign country) Mo. ()

16. (a) Informant: Jack Harris

(b) Address: Springfield, Mo.

17. (a) Funeral (b) Date thereof: May 7-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove, Mo.

18. (a) Signature of funeral director: J. W. Blugner & Co.

(b) Address: Springfield, Mo.

19. (a) 5-6-1940 (Date received by registrar) (b) J. W. Blugner (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: 5-7-1940

(c) Where did injury occur? Turners Greene Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm

(e) Means of injury: While at work at home (Specify type of place)

23. Signature: H. M. White (M. D. or other) S.

Address: Turners Greene County Date signed 5/12/40

RECEIVED

Greene County Health Office,

County File Number 40-6-29

Date Filed 1-10-40

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 ^{not}.....
no Embalming....., 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.