

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

FORM 5-17-39  
Rev. 5-17-39  
U.S. G.P.O. 16-51181-1

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.

AUG 21 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26004**

Registration District No. **684**

Primary Registration District No. **4408**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County **Pike**

(b) City or town **Bowling Green**  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME **Nellie Mae Harris 620**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **Neg** 6. (a) Single, widowed, married, divorced **D**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **August 13 1885**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **10** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Pike Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Edward Willis**

13. Birthplace **Pike Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Margaret Shepherd**

15. Birthplace **Pike Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Patty Rowland**

(b) Address **Bowling Green Mo**

17. (a) **Burial** (b) Date thereof **7-12-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bowling Green Cem**

18. (a) Signature of funeral director **Grace B. ...**

(b) Address **Bowling Green Mo**

19. (a) **7-14-1940** (b) **M. Summers**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike**

(c) City or town **Bowling Green**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10** - 19**40**  
year **19** hour **20** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **June 1 - 10**, 19**40**, to **July 10**, 19**40** that I last saw her alive on **7-9-40** and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Myocarditis** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Chronic Nephritis**  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

28. Signature **T. H. ...** (M. D. or other) \_\_\_\_\_

Address **Bowling Green** Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 10

District File Number 8-40-1499

Date Filed AUG 7 1940

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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.....

*Grace Bankhead*

Licensed Embalmer No. 2904

P. O. Address Bowling Green W.

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.