

No. 2
13-40
17-36
FILED

FILED SEP 24 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29830

Registration District No. 818 Primary Registration District No. 5762-6067 Registrar's No. 115

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Near Charleston-Tywappity
(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 2
In this community Several Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Charleston-Rural
(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.

3. (a) PRINT FULL NAME Emma Harris
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 15 year 1940 hour 10 minute 43 a M.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased: 1856 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from ATTENDED AS CORONER, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years About 84 Months X Days X If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

9. Birthplace Caldwell Mississippi (City, town, or county) (State or foreign country)

Due to Hypertension (acute)

10. Usual occupation Retired Housewife

Other conditions 872 (Include pregnancy within 3 months of death)

11. Industry or business Retired

Major findings: Of operations _____ Of autopsy _____

12. Name Tom Pierce

13. Birthplace North Carolina (State or foreign country)

14. Maiden name Polly Pierce

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Johnnie Harries

(b) Address Charleston, Mo R#2

17. (a) Burial (b) Date thereof 8/16/1940 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Lair-Nunnelee (b) Address Charleston, Mo

19. (a) 8-16-40 (b) F. D. Harries (Date received local registrar) (Registrar's signature)

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? 500

(e) While at work? _____ (Specify type of place) (c) Means of injury 5

23. Signature John P. Nunnelee Jr. Coroner (Date signed) 8-15-40 Address Charleston, Mo Registrar's No. 115

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

RECEIVED

District Health Officer No 2,

District File Number 940-138

Date Filed 9/3/40

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.....

....., 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.