

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43575**

Registration District No. **108**

Primary Registration District No. **5957C**

Registrar's No. **17**

1. PLACE OF DEATH:  
(a) County Polk  
(b) City or town Rural North Greene  
(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 2

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Polk  
(c) City or town 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 Georgie Manda Harris  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Anderson 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased December 3 1902  
(Month) (Day) (Year)

8. AGE: Years 38 Months \_\_\_\_\_ Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Polk Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

12. Name Mrs Wells

13. Birthplace Polk  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Francis Hall

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

16. (a) Informant's own signature Joy Bradshaw

(b) Address Polk, Iowa

17. (a) Burial (b) Date thereof Jan 6, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zepherell

18. (a) Signature of funeral director Fitchison & Co.

(b) Address Bohler, Missouri

19. (a) Jan 6 (b) Mal Zimmwals  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 31st  
year 1940 hour 8 minute 9 A. M.  
21. I hereby certify that I attended the deceased from Nov. 1-40  
\_\_\_\_\_ 19\_\_\_\_, to Dec 30 1940

that I last saw her alive on Dec 20 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia abdominal metastases  
Due to to prior C  
IV M P  
Due to \_\_\_\_\_  
\_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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

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? 636

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. D. Smith (M. D. or other) \_\_\_\_\_

Address Bohler Mo Date signed Jan 31

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

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JAN 5 1958

RECEIVED

District Health Officer No. 7,

District File Number 1-41-76

Date Filed 1-10-41

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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.....

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.