

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

49
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 411
Primary Registration District No. 2002

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution 1217 Kentucky
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution No
In this community 12 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lillian Mardell Harris

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced No

6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive No years

7. Birth date of deceased December 20 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 12
If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business None

12. Name James Harris
13. Birthplace Hartford Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Lillie McCollum
15. Birthplace Wayside Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant James Harris

(b) Address Joplin Mo

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 1-3-41
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Harold Wood Co.
(b) Address 212 Joplin St. Joplin Mo

19. (a) 1-4-41 (b) Ed D. Jarrins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1217 Kentucky Ave.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 1
year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 20
1940, to Jan 1, 1941;
that I last saw her alive on Dec 31, 1940, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Premature
birth under 7 months.
Due to _____

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

Major findings: 154
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?
372
While at work? _____ (Specify type of place)
(e) Means of injury 3
23. Signature Ed D. Jarrins (Registrar)
Address Joplin Mo Date signed 1-3-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-2-186

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.

Baby not embalmed.

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, fact should be so stated above.