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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3654

Registration District No. 32

Primary Registration District No. 382

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thaver
(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 1 (Specify whether years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Thaver
(d) Street No. 0
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1941 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 27, 1940 to Jan 4, 1941; that I last saw him alive on Jan 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Streptococcus Septicemia following infected tonsils and (Strep) Pulmonary Bronchial

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

5-1-3
While at work (Specify type of place) (e) Means of injury
23. Signature: [Signature] (M. D. or other) Date signed: Feb 5 1941

3. (a) PRINT FULL NAME Jonnie Myrtle Harber

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 Single

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

7. Birth date of deceased June 9 1921 (Month) (Day) (Year)

8. AGE: Years 19 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Fulton County Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation Domestic Work

11. Industry or business

12. Name Fred Harber

13. Birthplace Fulton County Arkansas (City, town, or county) (State or foreign country)

14. Maiden name Alma Grisso

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

16. (a) Informant Mary Ellen Grisso

(b) Address Thaver, Mo.

17. (a) Burial (b) Date thereof 1/5/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thaver, Mo.

18. (a) Signature of funeral director Thayer, Mo.
(b) Address

19. (a) [Signature] (b) Lela E. Johnson (c) [Signature] (Date received local registrar) (Registrar's signature)

Feb. 5

(Licensed Embalmer's Statement on Reverse Side)

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

5
1
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RECEIVED
District Health Officer No. 5,
District File Number. 241214
Date Filed

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, fact should be so stated above.