

3. No. 2  
-11-10-39  
5-17-39  
PI X21492

FILED FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3741

Registration District No. 655

Primary Registration District No. 5972

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Pemiscot  
 (b) City or town Steele, Rural 2 (Virginia)  
(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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Pemiscot  
 (c) City or town Steele 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.? 0 years.

**3. (a) PRINT FULL NAME** Iva Mae Harlow  
 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 20 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 6 14 hr. min.

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

10. Usual occupation none

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name J M Harlow  
 13. Birthplace Denmark Ark  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lillie Mae Anderson  
 15. Birthplace Bald Knob Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant J M Harlow  
 (b) Address Steele Mo  
 17. (a) Rural (b) Date thereof 1-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Union Trust Co.  
 (b) Address Steele Mo  
 19. (a) 2/9/41 (b) S. S. Robinson  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 1 day 4  
 year 1941 hour 3 minute 00 P. M.  
 21. I hereby certify that I attended the deceased from Jan 4  
Jan 4 1940, to Jan 4 1940  
 that I last saw her alive on Jan 4 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
 Due to Flu

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 1-5-41  
 (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?  
5911  
 While at work  (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J. M. Robbins (M. D. or other) D  
 Address Steele Mo Date signed 1-6-41

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

78  
0  
0

78  
0  
0

2-41-54

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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.**