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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4016
Do not use this space.

1. PLACE OF DEATH
(a) County Ray Registration District No. 740
(b) Township Crooked River Primary Registration District No. 5975 Registered No. 1
(c) City or Hardin, Mo. (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Allice E. Hearrold
(a) Residence, No. Hardin, Mo. Rural (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. R. Hearrold</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 29, 1892</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>8</u>	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>on Farm</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia, Mo.</u>				
FATHER	13. NAME <u>Chas. W. Farris</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Jennie Goodwin</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>W. R. Hearrold</u> (ADDRESS) <u>Hardin, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hardin Cem.</u> DATE <u>Jan. 4, 1941</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>John W. Knipschild</u> <u>Hardin, Mo.</u>				
20. FILED <u>Jan. 2nd, 1941</u> <u>R. L. Willetford</u> <u>Local Registrar</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Jan 1, 1941</u>
22. I HEREBY CERTIFY That I attended deceased from <u>Dec 28, 1940</u> , to <u>Jan 1, 1941</u> I last saw her alive on <u>Dec 30, 1940</u> . Death is said to have occurred on the date stated above, at <u>7:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Coronary Occlusion</u>	
Date of onset	
Other contributory causes of importance: <u>Myocardial infarction & sepsis from abscessed teeth.</u>	
Name of operation	<u>none</u> Date of
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy?	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify (Signed) <u>Carl H. Reed</u> M. D. (Address) <u>Hardin, Mo.</u>	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-15-41

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 m.e.
....., Registered Apprentice No.....
working under my personal supervision.

Signed John W. Knipsehild.
Licensed Embalmer No. 2789
P. O. Address Hardin Mo.

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.