

No. 2
-11-10-39
5-17-39
I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11207

Registration District No. 474

Primary Registration District No. 2638

Registrar's No.

1. PLACE OF DEATH:
(a) County Lawrence (b) City or town Mt. Vernon, Mo RT-1
(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 All life (Specify whether years, months or days)

8. (a) PRINT FULL NAME Harris Fine
3. (b) If veteran, name war No. 3. (c) Social Security No. No

4. Sex Male 5. Color or race W.
6. (b) Name of husband or wife John W. Fine
7. Birth date of deceased Sept 12, 1843 (Month) (Day) (Year)

8. AGE: Years 97 Months 5 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name William C. Christian
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Morgan (b) Address Mt. Vernon, Mo RT-1

17. (a) Burial (b) Date thereof Feb 25, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wallton Cemetery

18. (a) Signature of funeral director Wallton Funeral Home (b) Address Billings Mo

19. (a) Feb. 25, 1941 (b) Mrs. Anne Wilkerson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Mt. Vernon, Mo RT-10 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

20. DATE OF DEATH: Month Feb day 24 year 1944 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan. 11-1941 to Jan. 14, 1941, to Jan. 14, 1941, that I last saw her alive on Jan. 14, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to. Due to.

Other conditions Cerebral Hemorrhage

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? While at work? (Specify type of place) (e) Means of injury.

23. Signature S.M. Clark (M. D. or other) Date signed 2-25-41
Address Halltown Mo

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Greene County Health Office,

County File Number 41-3-33

Date Filed 3/12/41

RECEIVED

District Health Office No. 6,

District File No. 341-495

Date Filed MAR 27 1941

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, Andrew Forbis

Registered Apprentice No. _____

working under my personal supervision.

Signed

Andrew Forbis

Licensed Embalmer No.

3649

P. O. Address

Billings, 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.