

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11243

State File No. _____

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield Mo.
(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
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Elizabeth Harter
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Inman Hartery 6. (c) Age of husband or wife if alive 82 1/2 years
7. Birth date of deceased Sept. 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business _____
12. Name Hazel Wagner
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Williams
15. Birthplace Laclede Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address Brookfield Mo.

17. (a) Burial (b) Date thereof Mar 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brookfield Mo.

18. (a) Signature of funeral director James Hendey
(b) Address Brookfield Mo.

19. (a) 3-4-41 (b) W. H. Hendey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 425 Green
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2
year 1941 hour (P) minute _____ A. M.
21. I hereby certify that I attended the deceased from 10-1
_____, 1939, to 3-2, 1941;
that I last saw her alive on 2-26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
C. R. Myocardial Duration 3 hrs
Due to rupture 5 hrs
Due to Chronic interstitial nephritis 6 yrs

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

Major findings: _____
Of operations 12/10
Of autopsy 70

PHYSICIAN
Underline the cause to which death should be charged statistically

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) _____
Means of injury _____

23. Signature Ch. H. H. H. (M. D. or other) _____
Address Brookfield Mo. Date signed 3-4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X 3511

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 James D. Bowden

Licensed Embalmer No. 3295

P. O. Address. Brookfield 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.