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7-39
X2315

Registration District No. 735

Primary Registration District No. 30345970

Registrar's No. 60

1. PLACE OF DEATH: Randolph
 (a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 Sugar Creek Turn
 (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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Moberly "Rural"
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1 Sugar Creek Turn
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Dorothy Harlan
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 4th
 year 1941 hour 2 minute 50 a.m.

4. Sex Female 5. Color or White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George J. Harlan 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 11th 1859
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 3, 1941, to Mar 4, 1941, that I last saw her alive on Mar 4, 1941, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Labor Pneumonia
 Duration 2 de

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

Due to _____
 Due to _____

10. Usual occupation at home

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

11. Industry or business _____
 12. Name Reese Davis
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

14. Maiden name Belinda Coates
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Raymond Harlan
 (b) Address Red Moberly
 17. (a) Burial (b) Date thereof Mich 5th 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moberly

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? _____

18. (a) Signature of funeral director Major and son
 (b) Address Moberly
 19. (a) Mar 5-41 (b) Paul Williams
 (Date received local registrar) (Registrar's signature)

23. Signature C. Smith (M. D. or other) _____
 Address Moberly, Mo Date signed 3/4/41

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

RECEIVED

District Health Officer No. 10

District File Number 4-41-786

Date Filed APR 14 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, or by.....

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

Signed: Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address: Moberly, 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, fact should be so stated above.