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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13747

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 135

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkersville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sum Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME HARRIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 4 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Neal Ferris
13. Birthplace Kankuk, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Jane Rector
15. Birthplace Deatland Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Neal Ferris
(b) Address Rutledge, Mo

17. (a) removed (b) Date thereof 5-4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Biblegore

18. (a) Signature of funeral director W. H. Reynolds
(b) Address Memphis, Mo

19. (a) May 6/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox 52
(c) City or town Rutledge (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 12 minute 10 A.M.

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

Immediate cause of death 6 1/2 months lobe - premature

Duration

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature J. J. King (M. D. or other) MD
Address Rutledge, Mo Date signed 5/4/41

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

RECEIVED

District Health Officer No. 10
District File Number 5-41-896
Date Filed MAY 14 1948

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 Neal Payne
Licensed Embalmer No. 2550
P. O. Address Memphis, 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.