

FILED MAY 21 1941

STANDARD CERTIFICATE OF DEATH

State File No. 15391

Registration District No. 600

Primary Registration District No. 5861

Registrar's No.

1. PLACE OF DEATH:

- (a) County Ozark
 (b) City or town Rural - Richland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution.
- 21 yrs.
- (Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME MARTHA Eligabeth HARRIS

3. (b) If veteran,

name war —

3. (c) Social Security

No. —4. Sex Female5. Color or
race W6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Warren F. Harris6. (c) Age of husband or wife if
alive 55 years7. Birth date of deceased MAY 22 1890
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

5010—

hr. min.

9. Birthplace

Ozark Co.Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name LAWRENCE COPUS13. Birthplace Kentucky

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace Kentucky

(City, town, or county)

(State or foreign country)

16. (a) Informant

Warren F. Harris

(b) Address

Dora, Mo. R-217. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 3/23/41

(Month) (Day) (Year)

(c) Place: burial or cremation

Sweden Pond Cemetery

18. (a) Signature of funeral director

O. B. McChesney

(b) Address

Hainsville, Mo. 5819. (a) 5-1-1941

(Date received local registrar)

(b) O. S. Claybrook

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Ozark
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1941 hour 7:15 minute P. M.21. I hereby certify that I attended the deceased from
January 13 1940 to January 13 1940
that I last saw her alive on January 13 1940
and that death occurred on the date and hour stated above.Immediate cause of death
Cardiac insufficiency

Duration

Due to Mitral regurgitationDue to EndocarditisOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

(Specify type of place)
While at work? (e) Means of injury23. Signature [Signature] (M. D. or D. O.)
Address West Plains, Mo. Date signed [Signature]

RECEIVED

District Health Officer No. 6183

District File Number 541-821

Date Filed MAY 19 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

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.