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FILED JUN 9 1941

17626

State File No.

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 166

1. PLACE OF DEATH: Cole

(a) County: Cole

(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 621 E. High St
(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: Cole 26

(c) City or town: Jefferson City, 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 621 E. High. 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Frona Lee Harris

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

4. Sex: Female / 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single (C)

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

7. Birth date of deceased: June 28th 1897
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May 26th day
year: 1941 hour: 6 minute: 30 p. M.

21. I hereby certify that I attended the deceased from Feb 19, 1941 to May 26, 1941, that I last saw him alive on May 26, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years: 43 Months: 10 Days: 28 If less than one day: _____ hr. _____ min.

Immediate cause of death: Dr. Myocardial Infarction

Due to: Hypertension

Due to: Dr. Myocardial Infarction

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

Major findings: _____
Of operations: 12/8

Of autopsy: _____

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

10. Usual occupation: Clerk

11. Industry or business: H.O.L.C.

12. Name: Milton Harris

13. Birthplace: Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Cable

15. Birthplace: Mo. (City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant: Mrs. Velma Gentry
(b) Address: 621 E. High St. Jeff. City, Mo.

17. (a) Burial (b) Date thereof: May 28th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Perche

18. (a) Signature of funeral director: Mahan and Son
(b) Address: Moberly, Mo.

19. (a) 5/28/41 (b) Dr. B. S. M. D.
(Date received local registrar) (Registrar's signature)

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: [Signature] (M. D. or other) M.D.
Address: Jefferson City Date signed: 5-28-41

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

Leon Taylor

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 complete the above constitutes grounds for revocation of license.)

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