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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25578

State File No. _____

FILED AUG 25 1941

Registration District No. 542

Primary Registration District No. 5731

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Rural-Jackson Twp
(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 16 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis City
(c) City or town St. Louis 000
(If outside city or town limits, write "RURAL") 17
(d) Street No. _____ (If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Nadine Harris

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-03-4149

4. Sex Fe 1 5. Color or race White 3 6. (a) Single, widowed, married, divorced, Divorced

6. (b) Name of husband or wife Oscar Harris 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased October 16, 1918
(Month) (Day) (Year)

8. AGE: Years 22 Months 9 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Factory Worker

11. Industry or business _____

12. Name Benjamin F. Eads

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

14. Maiden name Millie O. Shockley

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

16. (a) Informant William Eads

(b) Address 2634 Hickory St. St. Louis

17. (a) Burial (b) Date thereof Aug. 4, '41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Eader Cemetery

18. (a) Signature of funeral director W.C. Birmingham
(b) Address Vienna, Mo.

19. (a) Aug 7, 1941 (b) Ms. Louis Eads
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

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

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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) Accident
(b) Date of occurrence Aug. 2, 1941 7:30
(c) Where did injury occur? Rural-Jackson Maries Co.
(City or town) (County) (State) Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Gasconade River

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

23. Signature W.C. Howard M.D. or other D.O.
Address Vienna, Mo. Date signed 8/4/41

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

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.....

Licensed Embalmer No. 3864

P. O. Address.....

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.