No. 2
2-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36355

Registration District No. 875 Primary Registration District No. 2089 Registrar's No. 305

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days) In this community 50 years or more

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada (If outside city or town limits, write "RURAL") 1

(d) Street No. 1003 W. Austin (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Harley Ellsworth Errett

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Sept (Month) 28 (Day) 1867 (Year)

8. AGE: Years 79 Months 0 Days 18 If less than one day ___ hr. ___ min.

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

10. Usual occupation Merchant (Retired)

11. Industry or business

MOTHER FATHER

12. Name John Errett

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

14. Maiden name Eliza Ann McGary

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

16. (a) Informant Harley W. Errett

(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 '41 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada Mo.

19. (a) 10-17-41 (Date received local registrar) (b) Ellen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 16 year 1941 hour 12 M minute ___ M.

21. I hereby certify that I attended the deceased from Aug 1, 1940 to Oct 16, 1941; that I last saw him alive on Oct 16, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Rectum	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Allen Austin M.D. (M.D. or other)

Address Nevada Mo. Date signed 10-18-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-41-1827
Date Filed 11-7-41

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 Owen Waggoner

Licensed Embalmer No. 2709

P. O. Address Harwood, Me

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

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