No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36414

Registration District No. 897 Primary Registration District No. 4543 Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Seymour 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 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Webster
(c) City or town Seymour Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louisa Jane 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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 10 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
78	9	11	hr. min.

9. Birthplace Webster Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
MOTHER FATHER
12. Name Mases Raley
13. Birthplace (City, town, or county) Ill. (State or foreign country)
14. Maiden name Louisa Johnston
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mary J Hutchinson
(b) Address Seymour Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Cardwell Chapel
18. (a) Signature of funeral director McMahan & Watson
(b) Address Seymour Mo
19. (a) 10/21-41 (Date received local registrar) (b) R E McMahan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1941 hour 3 minute 15 A M.
21. I hereby certify that I attended the deceased from ~~Oct 14~~ Oct 14, 1941, to Oct 21, 1941; that I last saw her alive on Oct 21, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to ~~Chro~~	
Due to	
Other conditions Chronic Nephritis. (Include pregnancy within 3 months of death) Chronic Valvular Disease	
Major findings: Of operations	
Of autopsy 131 b	

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 2
23. Signature H G Lick (M. D. or other) 100
Address Seymour Mo Date signed Oct 21 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1141-1695
Date Filed NOV 8 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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