No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38177

State File No.

FILED DEC 11 1941

Registration District No. 219 Primary Registration District No. 4132 Registrar's No.

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

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BUNCETON - Tum
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 27
(a) State MISSOURI (b) County COOPER
(c) City or town BUNCETON 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NATIVE years.

3. (a) PRINT FULL NAME MARY J. HARRIS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 2

5. Color or race NEGRO

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife NATHAN-HARRIS

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

7. Birth date of deceased Unknown (Month) (Day) 1863 (Year)

8. AGE: Years 78 | Months | Days | If less than one day ___ hr. ___ min.

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

10. Usual occupation AT-HOME

11. Industry or business HOUSEWIFE

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant Bettie Crump
(b) Address Buncetown Mo

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 10-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation BUNCETON-MO

18. (a) Signature of funeral director Jewell E. Richards
(b) Address Tipton Mo

19. (a) 11-27-41 (Date received local registrar) (b) Ann Whitaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1941 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from Sept-2-, 1941, to Oct 17, 1941;
that I last saw her alive on Oct-17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

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.

830

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 0

23. Signature R. Kelly (M. D. ~~or other~~)
Address Buncetown Mo Date signed 10/18/41

178 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ were embalmed by me, or by me

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

working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2464

P. O. Address Lisbon, Me

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.