

FILED FEB 13 1942

Registration District No. 821

Primary Registration District No. 4553

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution:
Smith Addition-Sikeston Mo.
(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 12 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston Mo. 5
(If outside city or town limits, write "RURAL")

(d) Street No. Smith Addition 2
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martie Alice Harris

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife O.S. Harris 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 9 4 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER { 12. Name Marvin F. Coram

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

14. Maiden name Savilla Adams

15. Birthplace Macon Co. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Lambert Harris

(b) Address Sikeston Mo. R.F.D. # 2

17. (a) Burial (b) Date thereof 1/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo. R.F.D.

18. (a) Signature of funeral director Hunter Allister

(b) Address Sikeston Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
year 1942 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from January 5th, 1942, to January 6th, 1942, that I last saw her alive on January 6th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma 12 hours

Due to Diabetes Mellitus 4-5 years

Due to _____

Other conditions Influenza 3-4 days
(Include pregnancy within 3 months of death)

Major findings: 61

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature P. R. Martin (M. D. or other) MD

Address Sikeston Mo. Date signed 1/11/42

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

S. No. 2
1-9-4-41
7-5-17-39
PI X29484

RECEIVED

District Health Office No. 2,

District File Number 2-42-164

Date Filed 2-10-42

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.....

Embalmed

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

working under my personal supervision.

Signed.....

Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston, Mo.

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.