

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6427

State File No. 27

Registrar's No. 24

FILED MAR 13 1942  
Registration District No. 218

Primary Registration District No. 3015

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

1. PLACE OF DEATH:  
(a) County **Cooper**  
(b) City or town **Boonville**  
(c) Name of hospital or institution: **St. Joseph Hospital.**  
(If not in hospital or institution, write street number or location) **6 Days.**  
(d) Length of stay: In hospital or institution **6 Days.**  
In this community **Life.**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Cooper** 27  
(c) City or town **Lamine.** 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME **Mrs. Margaret Harris.**  
3. (b) If veteran, name war **-----**  
3. (c) Social Security No. **-----**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb.** day **5<sup>th</sup>**  
year **1942** hour **1** minute **15** a.m.

4. Sex **Female** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Thomas A. Harris.** 6. (c) Age of husband or wife if alive **80** years  
7. Birth date of deceased **Sept. 30<sup>th</sup>** **1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 30**, 1942 to **Feb 5**, 1942  
that I last saw her alive on **Feb. 4**, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**71** **4** **7** hr. min.

Immediate cause of death **Lobar Pneumonia - Related 3 days**  
Duration

9. Birthplace **Columbia, Missouri.**  
(City, town, or county) (State or foreign country)

Due to **(Type VI Pneumonia)**  
Due to

10. Usual occupation **Housewife.**

Other conditions **Contract Hemorrhage 6 days.**  
(Include pregnancy within 3 months of death)

11. Industry or business **At Home.**

PHYSICIAN  
Major findings: Of operations **108**  
Of autopsy

12. Name **David W. Wing.**

13. Birthplace **Cooper County, Missouri.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ella Parker.**

15. Birthplace **Columbia, Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert P. Harris.**  
(b) Address **Lamine, Missouri.**

17. (a) **Burial** (b) Date thereof **Feb. 7<sup>th</sup>/1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Old Lamine Cemetery.**

22. If death was due to external causes, fill in the following: **1A**  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

18. (a) Signature of funeral director **Goodman & Miller**  
(b) Address **Boonville, Mo.**

(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?

19. (a) **1-6-1942** (b) **Dr. Chas. Swap**  
(Date received local registrar) (Registrar's signature)

23. Signature **W.H. Ziegler** (M. D. or other) **M.D.**  
Address **Boonville Mo.** Date signed **2-6-42**

(Licensed Embalmer's Statement on Reverse Side)

1088

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-11-42

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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed: J. H. Gardner  
Licensed Embalmer No.: 1178  
P. O. Address: Boonville, 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.