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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

Registration District No. 448

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7059

Primary Registration District No. 5618

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon Rural (Osage 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 5-3
(c) City or town Lebanon Rural (Osage Twp) 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)
If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH HARRIL

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

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 Nov (Month) 19 (Day) 1859 (Year)

8. AGE: Years 82 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Laclede Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Porter Harrill
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant George Harril
(b) Address Lebanon mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Harrill Cemetery

18. (a) Signature of funeral director W. E. Hoeman
(b) Address Lebanon, mo.

19. (a) Feb 4-42 (Date received local registrar) (b) Grace Rose (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1942 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Untrue
the 13 day of Jan 19
that I last saw her alive on the 13 Jan 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
I saw the body	
Due to about 9 p.m. Jan 13 1942 had been	
Due to Chronic ulcer 1 hour	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1091

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 E. E. Castlamp (M. D. or other)
Address Stoutland Mo Date signed 1-13-42

1070 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

~~District Health Officer No.~~

~~District~~ File Number 3-42-60

Date Filed March 12, 1942

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Dorsey M Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.