

FILED APR 25 1942

Registration District No. 830

Primary Registration District No. 4503

Registrar's No. 47

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

1. PLACE OF DEATH: Shelby, Shelby County  
 (a) County  
 (b) City or town  
 (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. 71 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME HARRIET ANN TEACHER  
 (b) If veteran, name war. —  
 (c) Social Security No. —

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 17 year 1942 hour — minute — M.  
 21. I hereby certify that I attended the deceased from June 1, 1942, to 3-17, 1942  
 that I last saw her alive on —, 1942  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 (b) Name of husband or wife Monroe Teacher  
 6. (c) Age of husband or wife if alive — years (Day) (Year)  
 7. Birth date of deceased July 23 1880  
 (Month) (Day) (Year)

Immediate cause of death Cancer of right lung  
 Due to —  
 Due to —  
 Other conditions (Include pregnancy within 3 months of death) A7d

8. AGE: Years 71 Months 7 Days 24  
 If less than one day hr. min.

9. Birthplace Shelby Co. Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Home Keeper

11. Industry or business  
 12. Name James David Pearson  
 13. Birthplace Shelby Co. Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Jane Durrett  
 15. Birthplace Marion O. Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant H. Teacher  
 (b) Address Shelbina, Mo.  
 17. (a) Burial (b) Date thereof Mar. 19, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director E. Hanna  
 (b) Address Shelbina, Mo.  
 19. (a) April 4, 1942 (b) H. H. Hodge  
 (Date received local registrar) (Registrar's signature)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations  
 Of autopsy

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 2  
 23. Signature H. H. Hodge (M. D. or other) Do  
 Address Shelbina Mo. Date signed 4/8/42

RECEIVED

District Health Officer No. 10

District File Number 4-42-1078 867

Date Filed APR 24 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.....

*Me*

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

working under my personal supervision.

Signed.....

*E. Hayes*

Licensed Embalmer No. 1437

P. O. Address Shelburne 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.