

Registration District No. 128

Primary Registration District No. 1961

87
00
0

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

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural - Clay township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. #2, New London, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #2, New London, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Harwood

3. (b) If veteran, name war _____ 3. (c) Social Security No. 111

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Harwood 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased March 5 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Jesse F. Henry
13. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Polly Henry
15. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Moss
(b) Address Hannibal, Mo. R.R.

17. (a) Burial (b) Date thereof Apr. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antisich Cemetery

18. (a) Signature of funeral director Ray O. Schwartz
(b) Address 1000 Duval, Hannibal, Mo.

19. (a) 5-2-42 (b) Rob Berkley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from 4/20/1942 to 4/25 1942
that I last saw her alive on 4/25/1942
and that death occurred on the date and hour stated above.

Immediate cause of death auricular fibrillation

Due to myocardial failure

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.

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)
(c) Means of injury 200

23. Signature E. G. Swanson (M. D. or other) 200
Address New London, Mo. Date signed 7/27/42

1171

SEP 25 1948

RECEIVED

District Health Officer No. 10

District File Number 5-42-1147

Date Filed MAY 19 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.....

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

Signed Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1020 Brady, Hamilton, 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.