

Registration District No. 58 Primary Registration District No. 4033 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Wendover

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

(c) Name of hospital or institution: 1 room
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs (Specify whether years, months or days)

In this community 18 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wyo (b) County Wendover

(c) City or town Wendover
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Jane Harris

3. (b) If veteran, name war No

3. (c) Social Security No. 2222

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1900
hour 7 minute 45 A.M.

4. Sex female 5. Color or race white

6. (a) Name of husband or wife John Harris 6. (b) Age of husband or wife if divorced Widow

7. Birth date of deceased May 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1 1900 to May 17 1900
that I last saw him alive on May 17 1900
and that death occurred on the date and hour stated above.

Immediate cause of death concern of relatives

8. AGE: Years 74 Months 5 Days 6/12
If less than one day hr min.

Due to old age

Due to 48 hr

9. Birthplace Wyo - 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Other conditions old age
(include pregnancy within 3 months of death)

11. Industry or business Retired

12. Name unknown

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

14. Maiden name unknown

15. Birthplace unknown
(City, town or county) (State or foreign country)

Major findings: none

Of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Chas. Harris

(b) Address Wendover Wyo

17. (a) Wendover Wyo
(Burial, cremation, or removal) (City, town or county) (State or foreign country)

(c) Place: burial or cremation Studeck

18. (a) Signature of funeral director W. M. Montemeyer

(b) Address Wendover Wyo

19. (a) 5-15-00 (b) Zandra Macra
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence May 17 1900

(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)
(a) Means of injury

23. Signature (M. D. or other)
Address Date signed May 17 1900

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

72
1
0

RECEIVED

District Health Office No. 2,

District File Number 642-703

Date Filed JUN 16 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

Grove Jensen

Licensed Embalmer No.

4370

P. O. Address

Malden 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.