

FILED AUG 6 1942
Registration District No. 58

State File No. _____

Primary Registration District No. _____

Registrar's No. 50

78
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti Rural
(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 6 Yrs. 6 Mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. 3 miles west of Hayti
(If rural, give location)

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

3. (a) PRINT FULL NAME Annie Bell Harper

3. (b) If veteran, name war _____ " _____

3. (c) Social Security No. _____ " _____

4. Sex female / race white

5. Color or race _____

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ben Harper

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 19 1898
(Month) (Day) (Year)

8. AGE:	Years <u>44</u>	Months <u>3</u>	Days <u>17</u>	If less than one day hr. _____ min. _____
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9. Birthplace Newbern Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Jones

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

14. Maiden name Mattie Waggoner

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

16. (a) Informant Ben Wood

(b) Address Bragg City Mo. r#1

17. (a) removal (b) Date thereof 7/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newbern Tenn.

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Hayti Mo.

19. (a) 7-20-42 (b) Mrs. O. S. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1942 hour 4 minute 8 M.

21. I hereby certify that I attended the deceased from March
1 1942 to July 7 1942
that I last saw her alive on July 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of esophagus

Due to _____

Due to _____

Other conditions H8a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 1 yr.

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 Arthur Jones (M. D. or other) _____
Address Hayti, Mo. Date signed 7-6-42

1214

8-42-7

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.....

Jack Kelley

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

working under my personal supervision.

Signed.....

Jack Kelley

Licensed Embalmer No. **3788**

P. O. Address.....

Hayth 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.