

FILED AUG 13 1942

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. ....

1. PLACE OF DEATH

(a) County **Scott county**  
(b) City or town **Sikeston Missouri**  
(c) Name of hospital or institution: **Sikeston General Hospital**  
(d) Length of stay: In hospital or institution **About 3 hrs.**  
In this community **20 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**  
(c) City or town **Sikeston**  
(d) Street No. **216 Lake St.**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME

**Myrtle Mae Harwell**  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **6** year **1942** hour **12** minute **12** M.  
21. I hereby certify that I attended the deceased from **Aug 5** 19**42** to **Aug 6** 19**42**  
that I last saw her alive on **Aug 6** 19**42** 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 **Married**  
6. (b) Name of husband or wife **Pete Harwell** 6. (c) Age of husband or wife if alive **33** years  
7. Birth date of deceased **May 9 1912**  
8. AGE: Years **30** Months **3** Days **28** hr. min.

Immediate cause of death **Death from ether anaesthesia**  
Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) **195 lb 99**

9. Birthplace **Tennessee**  
10. Usual occupation **Housework**  
11. Industry or business .....  
12. Name **Paul Vaughn**  
13. Birthplace **Tenn**  
14. Maiden name **Susan Vaughn**  
15. Birthplace **Tenn**

Major findings: Of operations **Cyster Ovary right -**  
Of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant **Husband**  
(b) Address **Sikeston**  
17. (a) **Burial** (b) Date thereof **Aug 8 1942**  
(c) Place: burial or cremation **Memorial Park**  
18. (a) Signature of funeral director **Orville Taylor**  
(b) Address **Sikeston Mo.**  
19. (a) **8-10-42** (b) **HB [Signature]**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **100**  
(b) Date of occurrence .....  
(c) Where did injury occur? .....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....  
23. Signature **Thomas C. McClure**  
Address **Sikeston, Mo** Date signed **8-10-42**

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

100  
5  
2

RECEIVED

District Health Office No. 2,

District File Number 842-1042

Date Filed 8-10-42

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**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..... 

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

**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.**