. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

State File No. 26579

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 121

4 0 0

1. PLACE OF DEATH:

(a) County: Audrain
(b) City or town: R. F. D. #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Audrain 4
(c) City or town: R. 6 Mexico 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Carilda H. Harron

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: F /

5. Color or race: W

6. (a) Single, widowed, married, divorced: M /

6. (b) Name of husband or wife: Simeon Harron

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: Aug. 6, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	—	17	____ hr. ____ min.

9. Birthplace: Putnum County, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: home

FATHER
12. Name: DK Hiles
13. Birthplace: DK 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: DK
15. Birthplace: DK 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Simeon Harron
(b) Address: R. F. D. 6 Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood

18. (a) Signature of funeral director: [illegible]
(b) Address: Mexico, Mo.

19. (a) Aug 25 - 1942 (Date received local registrar) (b) Margaret H. Machu (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8/23 day ____ year 42 hour 1 30 minute P M.

21. I hereby certify that I attended the deceased from 7-20 — 1942 to 8-23 — 1942 that I last saw he alive on 8-22 — 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cardio Nephritis

Due to: Hypertension

Due to: Dentes Caries.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 12/a

Of autopsy

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: J. Frank Talley (M. D. or other) MD
Address: Mexico Mo. Date signed: 8/24/42

1074 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-42-1661
Date Filed SEP 8 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 .....

Licensed Embalmer No. 3569

P. O. Address .....

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.