

FILED OCT 14 1942
53

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 268

16
1
4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
Home - 403 S. Hanover
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: Cape Girardeau

(a) State Mo. (b) County Scott

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

(d) Street No. 403 S Hanover ST 4
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Shaw Harmon

3. (b) If veteran, name war L 3. (c) Social Security No. ✓

4. Sex f - 1 5. Color or race W - 6. (a) Single, widowed, married, 2 divorced WIDOW

(b) Name of husband or wife Robt C Harmon 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Dec 29 1960
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 18 hr. min.

9. Birthplace Shikah Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

12. Name John M Lively

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Heavitt

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Murtle Bell

(b) Address 403 S Hanover Cape Girardeau

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

(c) Place: burial or cremation Memorial Park Cape Co

18. (a) Signature of funeral director Dischinger & Hubbard No

(b) Address Chaffee Mo

19. (a) 9-16-42 (Date received local registrar) (b) J. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1942 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1 1942 to Sept 15 1942
that I last saw her alive on Sept 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration

Due to Arteriosclerosis

Due to

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

Major findings:
Of operations
Of autopsy §301

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) (e) Means of injury

23. Signature Carl H. Zimmerman (M. D. or other) 0
Address Cape Girardeau Mo Date signed Sept 16 42

1014

W.D. 111

District Health Officer No. 4

District File Number 1042-12

Date Filed 10-13-42

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

Mamie B. Bupp

Licensed Embalmer No. 3242

P. O. Address *Chaffee 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.