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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31484

State File No.

FILED OCT 14 1942

Registration District No. 3 64 — Primary Registration District No. 6085 — Registrar's No. 18

1. PLACE OF DEATH:

(a) County Saline

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

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

(d) Length of stay: In hospital or institution No (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 10 mi. S.E. Slater
(If rural, give location)

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

3. (a) PRINT FULL NAME Annie Elizabeth Harlan

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female /

5. Color or race Wh

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife X

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

7. Birth date of deceased July 1st (Month) (Day) 1858 (Year)

8. AGE: Years 84 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Cooper Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name George Harlan
13. Birthplace (City, town, or county) Tenn / (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Cole
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Kitty Harlan
(b) Address Arrow Rock Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 17 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Fish Creek Church

18. (a) Signature of funeral director Hill Bros.
(b) Address Slater Mo.

19. (a) Oct 1st 1942 (Date received local registrar) (b) Mrs. W. E. Shackelford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1942 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from July 15, 1942, to Sept. 14, 1942
that I last saw her alive on Sept. 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mal Nutrition

Due to Lack of digestive function

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 200 a

Of autopsy

Duration

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 C. L. Lawless (M. D. or other)
Address Mars Hall Mo Date signed 9-17-42

1255

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
...ict Health Officer No. 8
...e Number
...ed 10-13-42

FEB 1 1943

MAY 28 1948

MAY 28 1948

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~~ ~~[illegible]~~ working under my personal supervision.

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.