

S. No. 2
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7-5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40639

State File No. _____

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Salem Mo
(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 X (Specify whether years, months or days)

In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Salem Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bertha Lillian Harris

3. (b) If veteran, name war X

3. (c) Social Security No. 487-20-4952

4. Sex female **5. Color or race** W

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

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

7. Birth date of deceased March 17 1914
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1942 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 16 1942 to Dec 17 1942 and that death occurred on the date and hour stated above

8. AGE:

Years	Months	Days	If less than one day
<u>28</u>	<u>9</u>	<u>X</u>	hr. _____ min. _____

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

Immediate cause of death. encephalitis

Duration _____

10. Usual occupation factory worker

11. Industry or business garments

12. Name Luther E Harris

13. Birthplace Pulaski Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Melvina Tune

15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

Due to Influenza

Due to _____

Other conditions 338
(Include pregnancy within 3 months of death)

16. (a) Informant Mrs. B. C. Bowman

(b) Address Salem, Mo

17. (a) Burial burial **(b) Date thereof** Dec 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) 12-19-42 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

Major findings: 338

Of operations _____

Of autopsy no

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) no

(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 _____ **(e) Means of injury** _____

23. Signature [Signature] **(M. D. or other)** 0

Address Salem Mo **Date signed** 12-19-42

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

RECEIVED

District Health Officer No. T.

District File Number 14312

Date Filed 1-6-43

AUG 7 1946

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: _____

Wm. W. McDonald

Licensed Embalmer No. _____

3806

P. O. Address _____

Salem, 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, above space should be left blank.