

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40837

State File No.

FILED JAN - 6 1943 2

Registration District No.

Primary Registration District No. 5474

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: None 4 1/2 South Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether In this community..... 87 yrs in Community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

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

(d) Street No. Route 4, South Mo (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MARY ELIZABETH HARRIS

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex Female - 5. Color or race white

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

6. (b) Name of husband or wife Jesse Benton Harris

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

7. Birth date of deceased April, 8 1955 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	8	17	hr. min.

9. Birthplace Grundy County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name S. M. Harris

13. Birthplace Trenton Missouri (City, town, or county) (State or foreign country)

14. Maiden name Juliana J. Harris

15. Birthplace Grundy Co Missouri (City, town, or county) (State or foreign country)

16. (a) Informant S. M. Harris

(b) Address South Mo

17. (a) Burial (b) Date thereof 12-26-42 (Burial, cremation, or tomb) (Month) (Day) (Year)

(c) Place: burial or cremation Shelburne Church

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Trenton Mo

19. (a) 12-26-42 (b) Nada Hoffmann (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1942 hour 10:00 minute P M.

21. I hereby certify that I attended the deceased from Dec. 24 1942 to Dec 24 - 1942 that I last saw her alive on Dec 24 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchial Pneumonia

Duration

3 days

Due to 107

Due to

Other conditions This patient had been bed fast 10 or 15 yrs (Hemiplegia)

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

13. Signature L. H. Cullers M.D. (M. D. or other)

Address Trenton Mo Date signed 12-26-42

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

40837

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.....

Myself

Registered Apprentice No. ~~34221~~

working under my personal supervision.

Signed.....

Raymond A. Harris

Licensed Embalmer No. 3424

P. O. Address *Dunbar, 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.