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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5987

State File No.

FILED MAR 5 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 61

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: St. Francis Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days years, months or days)

3. (a) PRINT FULL NAME Lulla Harris
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married Divorced Married
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June - 14 - 1919
(Month) (Day) (Year)

8. AGE: Years 33 Months 7 Days 7 If less than one day hr. min.

9. Birthplace 1. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Housewife

MOTHER FATHER { 12. Name James Harris
13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Hawley
15. Birthplace 2. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant James Harris

(b) Address Portageville Mo.

17. (a) Removal (b) Date thereof 1-21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo.

18. (a) Signature of funeral director Walter D. Pugh

(b) Address Portageville Mo.

19. (a) 3/1/43 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deming
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. South of Portageville (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-18-1943 to 1-21-1943
that I last saw her alive on 1-21-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to 48 h

Other conditions Large myoma
(Include pregnancy within 3 months of death)

Major findings: Myoma uteri
Of operations
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature D. B. E. Brad (M. D. or other)
Address Cape Girardeau Mo. Date signed 2/26/43

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

RECEIVED
District Health Officer No. 4
District File Number 343-1910
Date Filed 3-9-43

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 Wael C. Deane

Licensed Embalmer No. 3941

P. O. Address Portageville
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.