S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6680

FILED MAR 11 1943

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 9

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: 400 VIRGINA, AVE.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 50

(a) State MISSOURI (b) County JEFFERSON

(c) City or town CRYSTAL CITY.
(If outside city or town limits, write "RURAL")

(d) Street No. 400 VIRGINA, AVE.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARY CECILIA HARRIS

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WALTER HARRIS

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased JUNE (Month) 21 (Day) 1897 (Year)

8. AGE: Years 45 | Months 7 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace PLATTIN (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation HOUSE WIFE

11. Industry or business .....

FATHER
12. Name JOHN CROSS
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ELIZABETH PATTERSON
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant WALTER HARRIS

(b) Address CRYSTAL, CITY MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation ROSE LAWN CEMETERY

18. (a) Signature of funeral director FINK UND. CO.

(b) Address FESTUS, MO.

19. (a) Feb. 10 1943 (Date received local registrar) (b) H. L. C. Wiley (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1943 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from Dec. 17, 42, 19..., to Jan. 18, 1943 that I last saw her alive on Jan 18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary embolism	
Due to Cerebral arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Bertalin Bolgar (M. D. or other)

Address Festus, Mo Date signed 2-6-43

(Licensed Embalmer's Statement on Reverse Side)

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 Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Bonne Terre, 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.