

FILED SEP 14 1943

Registration District No. 70

Primary Registration District No. 4124

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Kahoka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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:

(a) State MISSOURI (b) County CLARK
(c) City or town Kahoka
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA EMMA HARR

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife CHARLES H. HARR 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 26 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace BEAVER PENN.
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER { 12. Name MICHAEL DE GROFF
13. Birthplace PENN.
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH KENNEDY
15. Birthplace PENN.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS LEO HANLON
(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 7-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ANSON Cemetery

18. (a) Signature of funeral director Fred J. Harbo
(b) Address Kahoka Mo.

19. (a) 8-10-43 (b) Perry S. Barton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 7
year 1943 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 1935 to July 7th 1943
that I last saw her alive on July 6th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to arterio-sclerosis

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

Major findings: Of operations _____

Of autopsy _____

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 Grace L. Gray (M.D. or other) MO.
Address Kahoka, Mo. Date signed 7-7-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23
1
0

1273

APR 10 1944

RECEIVED

District Health Officer No. 10

District File Number 9-431547

Date Filed SEP 14 1943

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 *Fred J Karle*

Licensed Embalmer No. 1023

P. O. Address *Kahoka 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.