

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32295**

FILED OCT 11 1943  
Registration District No. **278** Primary Registration District No. **3054** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Pike  
(b) City or town Louisiana  
(c) Name of hospital or institution: Pike County Hospital  
(d) Length of stay: In hospital or institution 2 months  
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pike  
(c) City or town Louisiana  
(d) Street No. Rear of 608 Georgia St.  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME John Harrell

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Sept. day 30 year 1943 hour 9:00 minute P.M.

4. Sex Male 5. Color of face White 6. (a) Single, widowed, married, divorced, Single

21. I hereby certify that I attended the deceased from 6/23/43 to 9/30/43 that I last saw him alive on 9/29/43 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 29 1877

Immediate cause of death: Carcinoma of Stomach with metastases to liver

8. AGE: Years 66 Months 6 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to: Abdominal ascites

9. Birthplace Eldorado Ark.

Due to: Secondary Anemia

10. Usual occupation Laborer

Other conditions: \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name John Harrell  
13. Birthplace Eldorado Ark.  
14. Maiden name Unknown  
15. Birthplace Ark.

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

16. (a) Informant W. B. Smith  
(b) Address Louisiana MO

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Oct 2 1943  
(c) Place: burial or cremation Louisiana MO

(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Garner Steene  
(b) Address Louisiana MO

While at work \_\_\_\_\_  
23. Signature Robert L. Hudroe M.D.  
Address 216 Georgia St. - Louisiana Date signed 10/2/43

19. (a) Oct 2/43 (b) GC Haley  
(Date received local registrar) (Registrar's signature)

Address 216 Georgia St. - Louisiana Date signed 10/2/43

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

MOTHER FATHER

Duration  
?  
1 mo  
3 mo  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-43-1682

Date Filed OCT 8 1943

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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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.