

NOV 10 1943
Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 331

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

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 months 1 day
(Specify whether years, months or days) same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis City
(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL") 2
(d) Street No. 1700 Taper
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME ALICE HARDING

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

4. Sex female 5. Color or Face Blk 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive not known years

7. Birth date of deceased Jan 16 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 2 If less than one day hr. min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housemaid

11. Industry or business _____

12. Name DK

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

14. Maiden name DK

15. Birthplace DK (City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address State Hospital no. 1

17. (a) Removal (b) Date thereof 10 25 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director J. P. Roberts
(b) Address Columbia Mo

19. (a) 10-25-1943 (b) Josie Novitskoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1943 hour 3 minute 20 M.

21. I hereby certify that I attended the deceased from Oct 17-1943 to Oct 18 1943
that I last saw her alive on Oct 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: General Paralysis of Insane Duration 3 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30 lb

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 _____

23. Signature R. P. Roberts (M. D. or other) MD
Address Fulton Mo Date signed 10/18/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.