

NOV 12 1943
Registration District No. **209**

Primary Registration District No. **3043**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4
3
4
Dr. Blue

1. PLACE OF DEATH:

(a) County **Marion**

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

(c) Name of hospital or institution:
1016 Fulton
(If not in hospital or institution, write street number or location) **1**

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion** **064**

(c) City or town **Hannibal** **3**
(If outside city or town limits, write "RURAL") **4**

(d) Street No. **1016 Fulton**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Emily May 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, **Widowed**

6. (b) Name of husband or wife **William Harris** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **March 2, 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

88 **6** **6** hr. min.

9. Birthplace **London England** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name **Alfred Frusher**

13. Birthplace **England** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth**

15. Birthplace **England** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **G.D. Bartram**

(b) Address **Hannibal Missouri**

17. (a) **Burial** (b) Date thereof **9/10/43**
(Burial, cremation, or removal) **Grandview Burial Park** (Year)
Mount Olivet Cemetery

(c) Place: burial or cremation.....

18. (a) Signature of funeral director **Wm. M. Smith**

(b) Address **302 Broadway Hannibal Missouri**

19. (a) **9-10-43** (b) **R. W. Connor**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** **8**
year **1943** hour **2** minute **35** P. M.

21. I hereby certify that I attended the deceased from **3 or 4 yrs**
..... 19..... to..... 19.....
that I last saw h. **er** alive on **about June**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** **647**
Senility **20**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **93d**

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)

Means of injury.....

23. Signature **A. B. Blue** (M. D. or other) **0**
Address **Hannibal Mo** Date signed **9/9/43**

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.....

George T. Bond

Registered Apprentice No. 350

working under my personal supervision.

Signed.....

John M. Smith

Licensed Embalmer No. 1204

P. O. Address..... Hannibal Missouri

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: