

FILED DEC 13 1943

5692

251

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Linn
(b) City or town St. Catherine - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #1 / Yellow Creek
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 65 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town St. Catherine - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MARTHA JANE HARWOOD

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Harwood 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 25 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Robert Jephson

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

14. Maiden name Jane Ann Burns

15. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Harwood

(b) Address St. Catherine

17. (a) Burial (b) Date thereof Nov-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) 11-13-43 (b) M. Courant
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov day 8
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 18 1940 to Nov 8 1943
that I last saw her alive on Nov 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration _____

Due to Chronic Osteoarthritis

Due to right knee 62

Other conditions Fracture of Right Femur 3 1/2 mo.
(Include pregnancy within 3 months of death)

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: 058

(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) (a) Means of injury _____

23. Signature Prof. P. Haley (M. D. or other) Ma

Address Brookfield Date signed 11/11/43

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

1987

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. R. Blacklock

Licensed Embalmer No. *2246*

P. O. Address: *Brookfield, Me*

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.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 63 yrs

3. (a) PRINT FULL NAME Martha J. Harwood

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 25
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days _____ If less than one day _____ min.

9. Birthplace N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Senility

Chronic Osteo Arthritis

Due to right knee fracture neck of R. femur Senility 6 yr.

Due to _____ 3 1/2 mo.

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

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) Accident

(b) Date of occurrence Jan 29 1943

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home in yard adjacent to
(Specify type of place)

While at work? _____ (e) Means of injury fall

23. Signature Roy R. [unclear] (M. D. or other) med

Address _____ Date signed _____

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

SUPPLEMENTARY

38631