

Registration District No. 388

Primary Registration District No. 4426

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Fair Play  
(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)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk 84

(c) City or town Fair Play  
(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 0

3. (a) PRINT FULL NAME Annie E. Harville

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 Wm. L. Harville 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Aug. 16 1867  
(Month) (Day) (Year)

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

76	7	8	hr. min.
----	---	---	----------

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jack Hunt

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

14. Maiden name Margrett Morgan

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

16. (a) Informant Mrs Ray Morton

(b) Address Fair Play, Mo.

17. (a) Burial (b) Date thereof 3-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director Barker, Erwin & Blue

(b) Address Fair Play, Mo.

19. (a) Apr. 7 1944 (b) Storah McAllister  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24  
year 1944 hour 1 minute 9 P. M.

21. I hereby certify that I attended the deceased from Dec. 19  
1943 to Mar. 24 1944

that I last saw her alive on Mar 24 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer  
Cardiac and  
Stomach

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) \_\_\_\_\_

(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 L. R. Hunt (M. D. or other)

Address Fair Play Mo Date signed 3/28/44

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

74  
00

---

---

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

*William B. Ewin*

Licensed Embalmer No.

*3092*

P. O. Address

*Palmer, 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.**