

FILED MAY 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14802

State File No. _____

Registration District No. 147

Primary Registration District No. 4234

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hours
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles east of Belleview
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucille Harden

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Waldo Harden 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. 6 1980
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 25 hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name J. J. Harbison

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

14. Maiden name Harriett Day

15. Birthplace Iron County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Math. Harbison

(b) Address Goodland Mo.

17. (a) burial (b) Date thereof 4-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Banner Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Lucille White Ironton Mo.

19. (a) April 13, 1944 (b) Ma Francis E. Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1944 hour 3 minute 30 AM

21. I hereby certify that I attended the deceased from July, 1942, to April 1, 1944;
that I last saw her alive on March 31, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Acidosis
Diabetes Mellitus

Duration
1 day
3 yrs.

Due to _____
Due to _____
Other conditions Acute rhino-pharyngitis
(Include pregnancy within 3 months of death) 1 wk.

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 61
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)
(c) Means of injury _____

23. Signature Ben W. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 4-11-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 544-3757
Date Filed 5-8-44

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 Arnell White

Licensed Embalmer No. 3012

P. O. Address Quinton Hill

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.