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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1944

Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28345

Primary Registration District No. 4338

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution: 314 north main str. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Rural (R.) 0
(If outside city or town limits, write "RURAL")

(d) Street No. Monroe City R 2 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Josie Ella Jane Harn

3. (b) If veteran, name war XX

3. (c) Social Security No. 494-18-0148

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ezra Harn

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February 5th 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Ralls County (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Defense worker

11. Industry or business Bluff City Shoe Company

FATHER
12. Name Jackson W Rouse
13. Birthplace Ralls County (City, town, or county) Missouri. 0 (State or foreign country)

MOTHER
14. Maiden name Ada Byland
15. Birthplace Shelby County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Rosemary Harn
(b) Address Monroe City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/44 (Month) (Day) (Year)
(c) Place: burial or cremation St Judes Monroe City

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Mo

19. (a) Aug 27-44 (Date received local registrar) (b) Otis Hedberg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1944 hour 3 minute 5 A. M.

21. I hereby certify that I attended the deceased from Aug. 23, 1944, to August 23, 1944; that I last saw her alive on August 23, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull multiple lacerations of head, neck and face — Duration 15 min.

Due to automobile accident-car in which she was riding collided with Wabash

Due to train.

Other conditions
(Include pregnancy within 3 months of death)

1700-4
23

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 069

(b) Date of occurrence August 23, 1944

(c) Where did injury occur? Monroe City-Monroe-Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public hgy. (Specify)

While at work? Away home from Work (e) Means of injury

23. Signature John H Kelly (M. D. ~~or other~~)

Address 314 N. Main St Monroe City Mo Date signed 8/26/44

1126

(Licensed Embalmer's Statement on Reverse Side)

SEP 6 1944

RECEIVED
District Health Officer No. 10
District File Number 9-44-1496
Date Filed SEP 5 1944

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 By Me, Registered Apprentice No., working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City; 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.