

S. No. 2  
 1-8-43  
 5-17-39  
 P1 X37823

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED NOV 10 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

**33896**  
 State File No. \_\_\_\_\_

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 328

1. PLACE OF DEATH:  
 (a) County Cape Girardeau  
 (b) City or town Malden  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
South East mo. O  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day (Specify whether  
 In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Dunklin  
 (c) City or town Malden 35  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 3  
 (e) Citizen of foreign country? no (Yes or No) 1  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carol Sue Harris  
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct, day 8  
 year 1944 hour 4 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from Oct 7th  
1944 to Oct 8th 1944  
 that I last saw her alive on Oct 8th 1944  
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced ✓  
 6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 1 1944  
(Month) (Day) (Year)

Immediate cause of death  
Bronchopneumonia  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
107

8. AGE: Years Months Days If less than one day  
8 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Malden Mo. O  
(City, town, or county) (State or foreign country)  
 10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Ralph Harris  
 13. Birthplace Malden Mo. O  
(City, town, or county) (State or foreign country)  
 14. Maiden name Marie Redman  
 15. Birthplace Malden Mo. O  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Ralph Harris  
 (b) Address Malden Mo.  
 17. (a) Burial (b) Date thereof 10-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Malden Mo.  
 18. (a) Signature of funeral director W. L. Craig  
 (b) Address Malden Mo.  
 19. (a) 10-11-44 (b) W. H. Phelps  
(Date received local registrar) (Registrar's signature)

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 0  
 23. Signature J. H. Cochran (M. D. ~~number~~)  
 Address Cape Girardeau Mo. Date signed 10/10/44

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

6  
1  
4

District Health Officer No. 4  
District File Number 1144-453  
Date Filed 11-7-44

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**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.....

*W. L. Craig*

Licensed Embalmer No. 74302

P. O. Address. Malden 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.**