

S. No. 2
M-2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1944
Registration District No. 240

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 4358

State File No. 34874
Registrar's No. 135

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Lilbourn
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location) No. 1
(d) Length of stay: In hospital or institution No. (Specify whether) 1
In this community About 30 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Lilbourn 72
(If outside city or town limits, write "RURAL") 2
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LINA ELLIS HARRIS
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 13
year 1944 hour 9:28 minute P.M.
21. I hereby certify that I attended the deceased from did not attend her
died unattended
that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife J. P. Harris
6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased Jan 24 1868
(Month) (Day) (Year)

Immediate cause of death Angina pectoris
from history of case
Due to _____
Due to 94%
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 76 Months 8 Days 29 If less than one day _____ hr. _____ min.
1868 Jan 24
9. Birthplace Hephlingville, Ky
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife
11. Industry or business _____
12. Name W. J. Wilson
13. Birthplace unk Ky
(City, town, or county) (State or foreign country)

MOTHER FATHER
14. Maiden name unk
15. Birthplace unk unk
(City, town, or county) (State or foreign country)
16. (a) Informant Robert Greer
(b) Address Lilbourn Mo
17. (a) Burial (b) Date thereof 10-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lilbourn, Mo.

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 E. E. Jones (M. D. or other) 0
Address Lilbourn Mo Date signed Oct 14 44

18. (a) Signature of funeral director Richard's and Co
(b) Address New Madrid Mo
19. (a) 11-1-44 (b) M. J. L. Garrett
(Date received local registrar) (Registrar's signature)

1276

RECEIVED

District Health Office No. 2,

District File Number 1144-1573

Date Filed 11-10-44

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

Leo Hildguth

Licensed Embalmer No. 3803

P. O. Address New Rochelle, N.Y.

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.