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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 19 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 271

Primary Registration District No. 4542

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rogersville
(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 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rogersville 112
(If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matilda Florence Harshbarger

3. (b) If veteran, name war: 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1944 hour 8 minute 25 p.m.

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

6. (b) Name of husband or wife Thomas A. 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August 28 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 5 1944 to June 12 1944 that I last saw her alive on June 12 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 9 Days 16 If less than one day hr. min.

Immediate cause of death: Cerebral apoplexy Duration 7 days

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

10. Usual occupation House Keeper

Due to Arterio-sclerosis

Due to

MOTHER FATHER } 11. Industry or business

12. Name Amos O. Farmer

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

14. Maiden name Anna Pike

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy

16. (a) Informant Miss Myrtle Harshbarger
(b) Address Rogersville Mo.

17. (a) Burial (b) Date thereof June 14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Cem.

18. (a) Signature of funeral director Alley-Jerrell
(b) Address Rogersville Mo.

19. (a) June 15 1944 (b) Lucie O. Bruch
Date received local registrar (Registrar's signature)

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?

(Specify type of place)

While at work? (c) Means of injury

23. Signature Eugene B. Muir (M. D. or other) D
Address Rogersville Mo Date signed 6-14-44

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

1041

RECEIVED

District Health Officer No. 6,

District File Number 1044-1059

Date Filed OCT 16 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed H. H. Keller

Licensed Embalmer No. 3334

P. O. Address Seigman 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.