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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6624

FILED MAR 13 1945

Registration District No. 1049 Primary Registration District No. 3043 Registrar's No. 40

1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence 2112 Market Street (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion

(c) City or town: Hannibal (If outside city or town limits, write "RURAL")

(d) Street No.: 2112 Market (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Nellie Rose Harris

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: George Wm. Harris

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: March 19, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	10	11	..... hr. ..... min.

9. Birthplace: Leigh Lancashie, England (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: XX

FATHER
12. Name: Edward Mullen
13. Birthplace: Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Bridget Melsch
15. Birthplace: England (City, town, or county) (State or foreign country)

16. (a) Informant: George W. Harris

(b) Address: 2122 Market Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/1/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Mount Olivet

18. (a) Signature of funeral director: Wm. M. Smith

(b) Address: 902 Broadway Hannibal Missouri

19. (a) 2-3-45 (Date received local registrar) (b) R. H. Common (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1945 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 30, 1945, to Jan 30, 1945; that I last saw he alive on Jan 30, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr myocarditis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chr nephritis	

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) .....

(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? ..... (e) Means of injury .....

23. Signature: J. H. Keuh (M. D. or other)

Address: [illegible] Date signed: 2-1-45

1146 (Licensed Embalmer's Statement on Reverse Side)

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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal Missouri

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.