

FILED APR 07 1945
Registration District No. **071945**

Primary Registration District No. **3016**

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4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution 609 Cherry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 609 Cherry
(If rural, give location)

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

3. (a) PRINT FULL NAME Josephine Harlan

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24 year 1945 hour 10 minute 22 A.M.

21. I hereby certify that I attended the deceased from Mar. 22, 1945 to Mar. 24, 1945 that I last saw her alive on Mar. 23, 1945 and that death occurred on the date and hour stated above.

4. Sex Fe? 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 5 1869
(Month) (Day) (Year)

Immediate cause of death Myocardial Re-vascularization (Rear-artery) Duration three years

Due to Chronic Bronchitis + Emphysema 3 or more years

Due to _____

8. AGE: Years Months Days If less than one day

75 8 13 hr. min.

9. Birthplace Callaway County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Charles Keyton

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

14. Maiden name Margaret Farmer

15. Birthplace Callaway County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Yvonne Harlan

(b) Address 79 Young Ave. Ft. Smith, Mo.

17. (a) Burial (b) Date thereof 3-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson, Mo.

18. (a) Signature of funeral director James Bruce

(b) Address 200 Jefferson

19. (a) 3-30-45 (b) Theresa Richter
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: Of operations ✓

Of autopsy ✓

Duration

3 or more years

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? ✓

While at work? _____ (Specify type of place) (c) Means of injury ✓

23. Signature Ch. Richter (M. D. or other) _____
Address Jefferson City, Mo. Date signed 3/27/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-45

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 *F. H. Anderson*.....

Licensed Embalmer No. 3641.....

P. O. Address *Geo.*.....

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.