

FILED MAY 10 1945

Primary Registration District No. **30/0**

Registrar's No. **111**

1. PLACE OF DEATH:

(a) County **Cape**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 Days**
(Specify whether
In this community **38 Years 11 days**
years, months or days)

3. (a) PRINT FULL NAME **Lela Harley.**

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

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **W.S. Harley** 6. (c) Age of husband or wife if alive **3** years **1907**

7. Birth date of deceased **Dec. 3 1907**
(Month) (Day) (Year)

8. AGE: Years **38** Months **4** Days **11** If less than one day
hr. min.

9. Birthplace **Puxico Missouri, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business **House Work**

MOTHER FATHER { 12. Name **Tom Miers**

13. Birthplace **Mississippi Co Missouri, Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Cora Criss**

15. Birthplace **Bloomfield Missouri, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **W.S. Harley**

(b) Address **Puxico Mo.**

17. (a) **Burial** (b) Date thereof **4 15 45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Puxico Mo.**

18. (a) Signature of funeral director **Watkins Service**

(b) Address **Puxico Mo**

19. (a) **18-45** (b) **F. H. Phelps**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard 103**
(c) City or town **Puxico Rural 0**
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **14**
year **1945** hour **12:** minute **30 A** M.

21. I hereby certify that I attended the deceased from **4/2** 19**45** to **4/14** 19**45**
that I last saw h. **ed** alive on **4/14** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma of uterus** Duration **6 months**

Due to.....

Due to.....

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

Major findings: Of operations..... **HBR**

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **W. S. Harley** (M. D. or other) **MD**

Address **Cape Girardeau Mo** Date signed **4/14/45**

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

6
1
4

1014

RECEIVED

District Health Officer No. 4

District File Number 54-5-581

Date Filed 5-7-45

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 Lynna Steele

Licensed Embalmer No. 2476

P. O. Address Hexter 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.