

**FILED MAY 8 1945**

Registration District No. \_\_\_\_\_

Primary Registration District No. **4293**

Registrar's No. **14**

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

**1. PLACE OF DEATH:**

(a) County **Lincoln**  
(b) City or town **Elberny**  
(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 \_\_\_\_\_ (Specify whether)  
In this community **all life** years, months or days

3. (a) PRINT FULL NAME **SOPHIA HARRIS**

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

4. Sex **F** / 5. Color or race **B** / 6. (a) Single, widowed, married, divorced **m**  
6. (b) Name of husband or wife **Chas Harris** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Aug 3 1884**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **7** Days **20** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **New Hope Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business **Housewife**

MOTHER FATHER  
12. Name **Jordan Cairo**  
13. Birthplace **Lincoln Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mariah Tyler**  
15. Birthplace **Lincoln Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas Harris**  
(b) Address **Elberny Mo**  
17. (a) **Burial** (b) Date thereof **3 24 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Burial Mitchell**

18. (a) Signature of funeral director **W. W. Bradley**  
(b) Address **Elberny Mo**  
19. **Apr 26 1945** (Date received local registrar) (b) **S. Williams** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Lincoln**  
(c) City or town **Elberny**  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? **U** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Mar** day **23**  
year **1945** hour **10** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **1930** to **1945** and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Sclerosis**  
**she had a growth in heart & valve for 15 years**  
**due to arteriosclerosis. cells like at the imp. cases**  
Duration **4 days**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy **none**

**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 \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature **G. D. Keeling** (M. D. or other) \_\_\_\_\_  
Address **Elberny Mo** Date signed **3-23-45**

1193

RECEIVED

District Health Officer No. 9,

District File Number.....

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 W H Bradley.....

Licensed Embalmer No. 3966.....

P. O. Address E. Henry.....

**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.**