S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27952

FILED SEP 12 1945

Registration District No. 2 Primary Registration District No. 4326 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Olean
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town #### Olean 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Harriett Belle Farris
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 Widowed
6. (b) Name of husband or wife Alexander Farris
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January (Month) 8 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
68	7	20	hr. ..... min.

9. Birthplace ..... (City, town, or county) Canada (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Reason F. Breuse
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Levina B. Snyder
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)
16. (a) Informant George Breuse
(b) Address Eldon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Greenridge Cemetery
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri
19. (a) 8-31-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1945 hour 11 minute 50 P. M.
21. I hereby certify that I attended the deceased from Feb 1, 1945 to Aug 28, 1945 that I last saw he alive on Aug 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal Carcinoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature [illegible] (M. D. or other)
Address Eldon Mo. Date signed 8/29/45

1114 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't
County File Number 45-13
Date Filed 9-7-45

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 Louis D. Phillips, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Elden

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.