

FILED NOV 9 1945
Registration District No. **47**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital No. 1 & 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 M (Specify whether years, months or days)
In this community 1 M

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sevier
(c) City or town Lancaster
(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 _____

3. (a) PRINT FULL NAME Anna 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 4
6. (b) Name of husband or wife E. S. Harris 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 20 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name etc
13. Birthplace etc (City, town, or county) (State or foreign country)
14. Maiden name etc
15. Birthplace etc (City, town, or county) (State or foreign country)

16. (a) Informant Record
(b) Address _____
17. (a) Removal (b) Date thereof 10/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lancaster, Mo

18. (a) Signature of funeral director Palace Funeral Home
(b) Address Fulton, Mo (D. C. Browning, Mgr)
19. (a) 10-9-1945 (b) Jessie M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1945 hour 11-55 - minute 9 M.

21. I hereby certify that I attended the deceased from 9-8-1945 to 10-8-1945
that I last saw him alive on 10-8-1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Atherosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 932

Major findings:
Of operations _____
Of autopsy _____

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 George ... Date signed 10-9-45
Address Fulton, Mo

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9;

District File Number.....

Date Filed 11-8-45

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 47

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1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(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 _____
years, months or days

3. (a) PRINT FULL NAME Anna Janis

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 (M)

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: June 20 1928
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days _____
If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

{ 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-9-1975 (b) Josia Morsink
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day _____
year 1975 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

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)

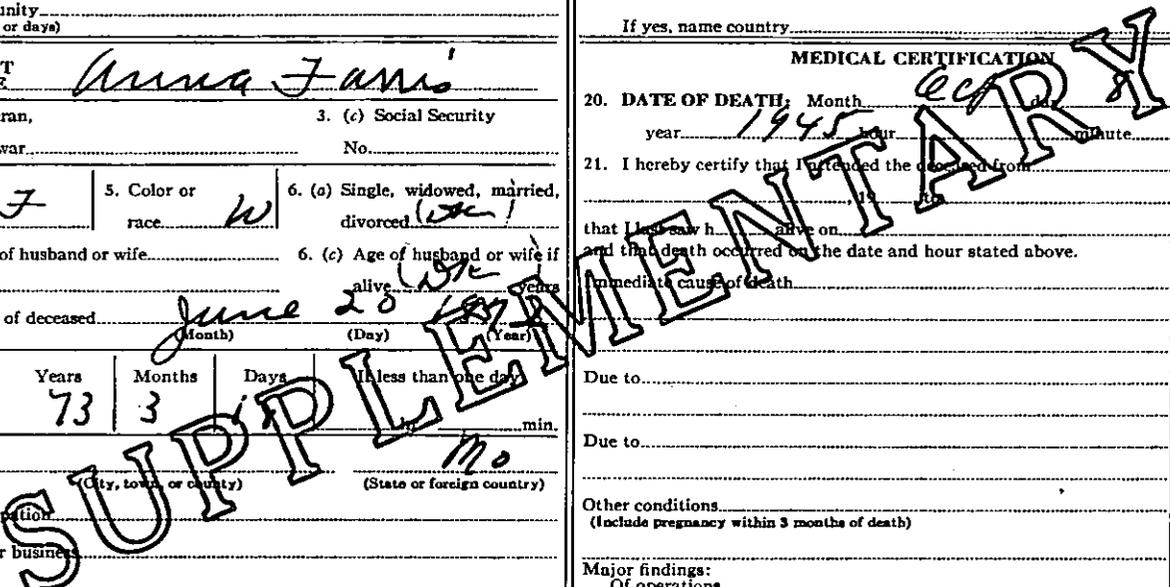
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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



33329