S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37109

Registration District No. 114 Primary Registration District No. 486 Registrar's No. 40

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town SULLIVAN
(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 20 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Sullivan
(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

3. (a) PRINT FULL NAME NANCY HARMAN
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 1, 1864 (Month) (Day) (Year)
8. AGE: Years 80 Months 10 Days 2 If less than one day hr. min.
9. Birthplace ANTHONIES MILL (City, town, or county) MISSOURI. (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
FATHER 12. Name PRATT
13. Birthplace MISSOURI () (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Missouri () (City, town, or county) (State or foreign country)
16. (a) Informant Oral Harman
(b) Address Sullivan, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Mo.
18. (a) Signature of funeral director Thos. J. Shaffer
(b) Address Sullivan, Missouri.
19. (a) 11-8-45 (Date received local registrar) (b) O. A. Curtis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1945 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from Oct 15 1945, to 11-5 1945; that I last saw her alive on 11-3 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	15 min
Due to:	
Due to:	
Other conditions: Bronchopneumonia (Include pregnancy within 3 months of death)	2 wks

Major findings: Of operations none
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? (e) Means of injury
23. Signature O. A. Curtis (M. ~~D. or other~~)
Address Sullivan, Missouri. Date signed 11-5-45

1471

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 12-7-45

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 Edgar W Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan 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.