No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5423

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell 46
(c) City or town West Plains
(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 Elizabeth Harpham
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex F.1 5. Color or race W 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife J.W. Harpham 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 - 2 - 1863 (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 13 If less than one day hr. min.
9. Birthplace Kings Prairie (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Geo Wyatt
13. Birthplace (City, town, or county) unk (State or foreign country)
MOTHER 14. Maiden name Mary
15. Birthplace (City, town, or county) unk (State or foreign country)
16. (a) Informant Irene Post
(b) Address Olden, Mo
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 1-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Homeland
18. (a) Signature of funeral director Robertsons
(b) Address West Plains, Mo.
19. (a) Feb. 6, 1946 (Date received local registrar) (b) Gladys Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15
year 1946 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 1, 1946, to Jan 14, 1946; that I last saw her alive on Jan 14, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paresis,	3 yrs.
Due to Age and general physical conditions	
Due to	
Other conditions (Include pregnancy within 3 months of death) Myo-carditis, chronic	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature A.H. Ronebaugh (M. D. ~~or other~~)
Address West Plains, Mo. Date signed 1-17-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 24626
Date Filed 2-15-46

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 A A Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains, M

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.