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FILED APR 11 1948
Registration District No. 271

Primary Registration District No. 5911

State File No. _____
Registrar's No. 9

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

1. PLACE OF DEATH

(a) County Peru

(b) City or town Bragg City 7120
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rural
(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 5 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARTHA HARRIS

3. (b) If veteran, name war 710

3. (c) Social Security No. 71000

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Harris

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 13 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>10</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Denton Co 71001
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business L

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant John Harris

(b) Address Bragg City 7120

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3-23-46
(Month) (Day) (Year)

(c) Place: burial or cremation Walden Cemetery

18. (a) Signature of General Director James L. Galt

(b) Address Polayville Mo.

19. (a) 3-22-46
(Date received local registrar)

(b) Mrs. Jesse Turnage
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Peru

(c) City or town Bragg city 7120
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1946 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from March 15, 1946, to March 21, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial

Due to <u>Hypertension with</u>	Duration <u>5 year</u>
<u>hypertitis</u>	<u>30 day</u>

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 cause, state 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? _____

23. Signature James L. Galt
(M. D. or other)

Address Peru Mo 7120 Date signed 3-22-46

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

3-46-74

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 Leonard John Vargo
Licensed Embalmer No. 4336
P. O. Address. Portigeville, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. AprilRegistration District No. 271Primary Registration District No. 5911Registrar's No. 9

1. PLACE OF DEATH:

- (a) County Pemissit
 (b) City or town Rural
 (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 days3. (a) PRINT FULL NAME Martha Harris

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 _____ years

7. Birth date of deceased
- Mar 13
-
- (Month) (Day) (Year)

8. AGE: Years
- 65
- Months _____ Days _____ (If less than one day, hr. min.)

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) _____
-
- (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
- April
-
- year
- 1946
- hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 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 Chronic NephritisOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy 13/14

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
- George J. Simons
- (M. D. or other) _____
-
- Address
- 7 Walnut 1mo
- Date signed
- 4-15-46

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

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