

FILED APR 24 1946
Registration District No. 323

Primary Registration District No. 4478

Registrar's No. 27

1. PLACE OF DEATH

(a) County Shingler Co.
(b) City or town Lancaster mo.
(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 50 years or more
years, months or days

3. (a) PRINT FULL NAME

Margaret E. Harris

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fi 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife C 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 14 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 27 hr. _____ min.

9. Birthplace Hancock Ill near Warsaw Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Horsekeeper

11. Industry or business

12. Name James Middleton
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ann Jennings
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant William Harris
(b) Address Lancaster mo.

17. (a) Burial (b) Date thereof March 13 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation So. F. Lancaster

18. (a) Signature of funeral director Lloyd Moore

(b) Address 10 Spring mo.

19. (a) Mar. 13/46 (b) Wm. D. Drake
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Shingler Co.
(c) City or town Lancaster mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? C (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1946 hour 8 minute 55 P. M.

21. I hereby certify that I attended the deceased from March 3, 1946, to March 11, 1946
that I last saw her alive on Mar 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to hypertension
Due to hypertension

Other conditions (Include pregnancy within 3 months of death)

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? _____ (c) Means of injury _____
23. Signature Wm. D. Drake (Date signed 3-13-46)
Address Lancaster mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

Coroner's File Number 4-46-838

Date Filed APR 22 1946

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Douglas 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.