S. No. 2
M—8-43
. 5-17-39
P I X37823

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

14323

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15424

State File No.

Registration District No. 338 Primary Registration District No. 4501 Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: None
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard 103

(c) City or town Bloomfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY KATHRYN HARTY

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Feb. (Month) 8 (Day) 1873 (Year)

8. AGE: Years 73 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Harding co. (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name A. A. Harrison
13. Birthplace --- (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Susan Allstun
15. Birthplace ----- (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Miss Pauline Harty
(b) Address Bloomfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield cemetery

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) 4-27-46 (Date received local registrar) (b) Rose Webber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1946 hour 4:05 minute a M.

21. I hereby certify that I attended the deceased from 4-4, 1946 to April 15, 1946 that I last saw her alive on April 14-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma — Duration 2da

Due to Acute Nephritis from Influenza

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No.

130

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) No.

(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 S. S. Davis (M. D. or other)

Address Dexter Date signed 4-15-46

355 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 546-[redacted]
Date Filed 5-6-46

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 Sam B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.