S. No. 2
M—8-43
v. 5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1946

State File No. 19214

Registration District No. 381 Primary Registration District No. 6182 Registrar's No.

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

18091

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan - Pleasant Hill, Twp
(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 90
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan Co.

(c) City or town Milan - Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Rosetta D Harris

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fm

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 14 (Day) 1854 (Year)

8. AGE: Years 91 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Henry Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer's Wife

11. Industry or business

FATHER
12. Name Alington Johnson
13. Birthplace 7 (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name McEwen
15. Birthplace 9 (City, town, or county) McEwe 9 (State or foreign country)

16. (a) Informant Orlen Harris
(b) Address Milan Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Lion

18. (a) Signature of funeral director Schoenes
(b) Address Milan

19. (a) June 4, 1946 (Date received local registrar) (b) Mrs H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 1946 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from 5-5-, 1946, to May 7, 1946 that I last saw her alive on May 7, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile Changes	yrs.
Due to	
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 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 Ed Simpson (M. D. or other) 100

Address Milan Date signed 5-8-46

520 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-46-12
Date Filed JUN 13 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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Unionville, 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.