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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 29 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33155

State File No.

Registration District No. 98

Primary Registration District No. 4163

Registrar's No. 101

1. PLACE OF DEATH

(a) County DAVISS

(b) City or town JAMESPORT
(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 89 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DAVISS 31

(c) City or town JAMESPORT 3
(If outside city or town limits, write "RURAL.")

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

(e) Citizen of foreign country? NO 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARYBA HARRAH

(b) If veteran, name war _____

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29th
year 1946 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from Sept. 26 1946 to Sept. 29 1946
that I last saw her or alive on Sept. 29 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ADDY HARRAH 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. JAN 5 1857
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 4da

Due to Arteriosclerosis 5 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

89 8 24 — hr. — min.

9. Birthplace DAVISS Co. MO U
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business HOME

MOTHER FATHER

12. Name JOHN W WARREN 1

13. Birthplace LANCASTER PENN 1
(City, town, or county) (State or foreign country)

14. Maiden name JANE CATHCART

15. Birthplace MANAHOVILLE Penn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Franklin S. Carr

(b) Address JAMESPORT MO 10-1

17. (a) BURIAL (b) Date thereof Oct 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn, Jamesport, MO.

18. (a) Signature of funeral director Raymond A. Williams

(b) Address Osenta MO.

19. (a) 10-23-46 (b) Virginia M. Egbert
(Date received local registrar) (Registrar's signature)

Major findings: 83A

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? _____ (e) Means of injury 0

23. Signature R. W. Thompson (M. D. or other) _____

Address Jamesport MO Date signed 10-2-46

Duration 4da

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

31983

SEP 29 1958

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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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

James A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Stenton, 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.