

No. 2  
-12-45  
5-17-39  
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34043

State File No. \_\_\_\_\_

FILED NOV 14 1946  
883

Registration District No. \_\_\_\_\_

Primary Registration District No. 5655

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. 518 So. 6th St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mable Harding

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec. 4th 1901  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30  
year 1946 hour 2:05 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct. 26 1946 to Oct. 30 1946; that I last saw her alive on Oct. 30 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced, bilateral pulmonary tuberculosis Duration About 6 months

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>10</u>	<u>26</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 13 B  
(Include pregnancy within 3 months of death)

9: Birthplace Lewis Station Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Curtis Day

FATHER { 13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Vest

FATHER { 15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Burial, cremation, or removal (b) Date thereof 10-31-46  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Joe Mo

18. (a) Signature of funeral director Geo B Orr

(b) Address Mt Vernon, Mo

19. (a) 10/31/46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

Major findings: Bilat. fibrocalcious pulv. Tbc; Tbc. enteritis of autopsy. Rt. chronic adhesive pleurisy, fatty degeneration of liver

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 C. H. Hellyer M.D. (M. D. or other)

Address Mount Vernon, Mo. Date signed 10-30-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

154

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

32370

RECEIVED  
District Health Officer No. 6,  
District File Number 1146-1138  
Date Filed 11-13-46

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 *Geo. A. Orr*  
Licensed Embalmer No. 946  
P. O. Address *Wickerson*

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.