No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35812

Registration District No. 333 (Same)

Primary Registration District No. 3074

Registrar's No. 74

1. PLACE OF DEATH:

(a) County: Scott

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

(c) Name of hospital or institution: Sikeston General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott 10

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

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

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME: Patrecia Ann Harris

3. (b) If veteran, name war: X

3. (c) Social Security No.

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: S 1

6. (b) Name of husband or wife:

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

7. Birth date of deceased: 10 (Month) 11 (Day) 1946 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace: Sikeston (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

MOTHER FATHER

12. Name: Walter M. Harris

13. Birthplace: Lamar (City, town, or county) Ark. 1 (State or foreign country)

14. Maiden name: Rena Safford

15. Birthplace: Farmington (City, town, or county) Me. 1 (State or foreign country)

16. (a) Informant: Walter M. Harris

(b) Address: Sikeston, Mo. R.F.D. #2 Box 27

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Sikeston, Mo.

18. (a) Signature of funeral director: H.W. Albritton

(b) Address: Sikeston, Mo.

19. (a) 10-18-46 (Date received local registrar) (b) Mrs. J. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11 year 1946 hour 8 minute 30 p.m.

21. I hereby certify that I attended the deceased from 10-11, 1946, to 10-11, 1946, that I last saw h. alive on 10-11, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity — Duration: 1 day

Due to:

Due to:

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

Major findings: Of operations: 59

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: 0

23. Signature: A. Evans M.D. (M. D. or other)

Address: Morehouse, Mo. Date signed 10-15-46

303 (Licensed Embalmer's Statement on Reverse Side) Same

RECEIVED
District Health Office No. 2,
District File Number 1046-1249
Date Filed 10-19-46

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 Not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Lafayette Me

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.