S. No. 2
DM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36062

FILED DEC 11 1946

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 246

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 401 Oak St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about 1 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

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

(d) Street No. 401 Oak 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME MOLLIE HARRIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 3 | 5. Color or race Negro | 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased 2 (Month) — 16 (Day) — 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
61	9	13	hr. min.

9. Birthplace Boone Co. (City, town, or county) Mo-O (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

FATHER
12. Name Charlie Richardson
13. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Sallie Colbert
15. Birthplace Boone Co. (City, town, or county) Mo-O (State or foreign country)

16. (a) Informant Jacob Richardson
(b) Address Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Rock Bridge Mo.

18. (a) Signature of funeral director Stuart F. Parker
(b) Address Columbia, Missouri

19. (a) 12-2-46 (Date received local registrar) (b) Mrs R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1946 hour 9.45 PM minute _____

21. I hereby certify that I attended the deceased from Oct 1st, 1946, to Nov 29, 1946
that I last saw h_____ alive on Nov 25, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Abdominal Organs	1 yr
Due to Cancer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 55 F	
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 Stephen D. Smith (M. D. or other)
Address Columbia Date signed 11/30/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 12-14-46

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, [redacted] ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.