

FILED DEC 26 1946
Registration District No. 10

Primary Registration District No. 3002

4
12
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
314 E. Promenade St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community Life..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 314 E. Promenade St. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Laura Harper

3. (b) If veteran, name war None 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..... 3 years

7. Birth date of deceased..... July 27, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>21</u> hr. min.

9. Birthplace Mexico, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER { 12. Name Milton Riley

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Keon
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Dec. 20, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Zuel E. Pruck
(b) Address Mexico, Mo.

19. (a) Dec 20-1946 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1946 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from Coroner Case, 19...
that I last saw him..... alive on....., 19...
and that death occurred on the..... and hour stated above.

Immediate cause of death: The deceased was found dead in her bed at her home. No marks of violence or evidence of foul play of any kind. Death due to an attack by a physician. No jury. Duration

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

Major findings: none

Of operations: none

Of autopsy: none

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)..... X

(b) Date of occurrence..... X

(c) Where did injury occur?..... X
(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 S. C. Adams 3 Coroner
Address Mexico, Mo. (M. D. or other)
Date signed 12-28-46

RECEIVED
District No. 10
District File No. 1246-2329
Date Filed DEC 24 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.....

Earl

Earl E. Precht, Registered Apprentice No.....

working under my personal supervision.

Signed *Earl E. Precht*.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.