S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1947

Registrar's District No. _____

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

673

State File No. _____

Primary Registration District No. 6392

Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Dent
(b) City or town: Lecoma
(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 years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Dent. 33
(c) City or town: Lecoma
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Mary Alice Harrell
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
4. Sex: Fem'l
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wm. R. Harrell
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Feb 25, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	10	14	hr. ____ min.

9. Birthplace: Phelps Co (City, town, or county) Mo U (State or foreign country)
10. Usual occupation: Housewife.
11. Industry or business _____
MOTHER FATHER
12. Name: Henry Smith
13. Birthplace: Tenn. / (City, town, or county) (State or foreign country)
14. Maiden name: Mary Miles
15. Birthplace: Ind. / (City, town, or county) (State or foreign country)
16. (a) Informant: Wm. R. Harrell
(b) Address: Lecoma Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Rhea Cem.
18. (a) Signature of funeral director: Hull & Son F.H.
(b) Address: 508 W 8th St. Rolla
19. (a) 1-11-47 (Date received local registrar) (b) J. H. Hart M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9 year 1947 hour 2 minute A M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw it alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary heart disease	?
Due to: Arteriosclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 94
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 (Corner) 3
23. Signature: M. M. Hart (M. D. or other) M.D.
Address: Salem, Mo Date signed 1-11-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 24754
Date Filed 2-10-41

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 Paul E. Nyell, Registered Apprentice No. 428, working under my personal supervision.

Signed S. E. Nyell

Licensed Embalmer No. 3397

P. O. Address Rolla, 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.