

FILED FEB 13 1947

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**

(c) Name of hospital or institution: **Freeman Hospital**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **2 years**
(Specify whether years, months or days)

In this community **40 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Margaret Florence Harlan**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **F.** 5. Color or race **W.**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **June 7 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	7	13	_____hr. _____min.

9. Birthplace **Ottawa Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Dennis Deegan**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Patter**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dau. Mrs. B. D. Hubbard**

(b) Address **Webb City, Mo.**

17. (a) **burial** (b) Date thereof **1/23/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cem Hedge-Lewis**

18. (a) Signature of funeral director _____

(b) Address **Webb City, Mo.**

19. (a) **1-28-47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Webb City**
(If outside city or town limits, write "RURAL")

(d) Street No. **517 North Penn**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **20**
year **1947** hour **8:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **2-6**, 19**47**, to **1-20**, 19**47**, that I last saw him alive on **1-20**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** **2/6/40**

Due to _____

Due to _____

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

Major findings: Of operations **9/30**

Of autopsy _____

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 **[Signature]** (M. D. or other) **[Signature]**

Address **[Signature]** Date signed **1/25/47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

47-1-73

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 *Richard Gray Lewis*

Licensed Embalmer No. *4405*

P. O. Address *Wab City 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.