

No. 2
1-2-43
5-17-39
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5180

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage

(c) Name of hospital or institution:
1031 E. 13th St. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 60 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. Route 1, Carthage
(If rural, give location) /

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

If yes, name country _____

3. (a) PRINT FULL NAME OLIVE MABEL HARRIS

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25
year 1947 hour 8 minute 00 PM

4. Sex female / 5. Color or race White

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

6. (b) Name of husband or wife Lee Harris

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

7. Birth date of deceased September 19 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
+ 9:00 P.M. 1947 to + 9:45 P.M. 1947

that I last saw him alive on Feb 25 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 5 Days 6
If less than one day hr. _____ min. _____

Immediate cause of death
Heart block

Duration _____

9. Birthplace Ford County Illinois/
(City, town, or county) (State or foreign country)

Due to Chronic myocarditis

Due to Chronic valvular lesions

10. Usual occupation retired housewife

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

11. Industry or business _____

MOTHER FATHER { 12. Name Charles W. Upp

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

14. Maiden name unknown

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

Major findings:
Of operations _____

Of autopsy 93D

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. W. R. Harris

(b) Address 103 N. Maple, Carthage, Mo.

17. (a) burial (b) Date thereof Feb. 28, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudenville Mo.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 2-28-47 (b) L. B. Clinton m B.
(Date signed local registrar) (Registrar's signature)

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)

(c) Means of injury _____

Signature R. A. Webster m B. (M. D. or other)

Address Carthage Mo Date signed Feb 27 47

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

139

47-2-163

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.....

Robert H. Knell, Registered Apprentice No. 406,
working under my personal supervision.

Signed Emma Petreel

Licensed Embalmer No. 391

P. O. Address Carthage

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.