

FILED MAY 5 1947 STANDARD CERTIFICATE OF DEATH

State File No. 13077

Registration District No. 120

Primary Registration District No. 5444

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Athens Township Albany
(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
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Albany /
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME / Blanche Harrod

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sept. 1 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation at. Home

11. Industry or business _____

12. Name Jonathan Wayman

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

14. Maiden name Julia Williams

15. Birthplace Gentry Co. Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Runyon

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 4/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Leifert Brooks

(b) Address Albany, Missouri

19. (a) April 24-1947 (b) Harriet H. Webster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1947 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 25 - 47
1936 to 4 - 17 - 47
that I last saw her alive on 4 - 17 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 11 years.

Due to _____

Due to _____

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

Major findings: Of operations 930

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Frank R. Role (M. D. or other) M.D.

Address Albany, Mo. Date signed 4-18-47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3329

P. O. Address..... Albany 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.