

S. No. 2  
M-5-43  
7. 5-17-39  
I X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14062

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 29

1. PLACE OF DEATH:  
(a) County Lincoln  
(b) City or town Rural Troy  
(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  
In this community 3 yr.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lincoln 57  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MABEL MARIE HARRELL  
3. (b) If veteran, name war none  
3. (c) Social Security No. none  
4. Sex F / race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife George Harrell  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Aug 7, 1896  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 1  
year 1947 hour 4 minute 10 A. M.  
21: I hereby certify that I attended the deceased from 9-12, 1946 to 4-1, 1947  
what I last saw h. alive on 4-1, 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 7 Days 24  
If less than one day hr. min.

Immediate cause of death Branchogenic Carcinoma 1947  
Duration  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace Rapid City S. Dakota  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

MOTHER FATHER  
11. Industry or business  
12. Name Harry Hopkins  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Vera Hope  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant George Wallace Harrell  
(b) Address Troy mo  
17. (a) Burial (b) Date thereof 4-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Troy mo.  
18. (a) Signature of funeral director Wayne Mc Coy  
(b) Address Troy mo  
19. (a) 4-9-47 (b) Emma B. Riddle  
(Date received 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) (e) Means of injury  
23. Signature Raymond A. Hager (M. D. or other)  
Address Wayne City, Mo Date signed 4-5-47

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

57  
0  
0

Date Filed 4-21-47

District File Number \_\_\_\_\_

District Health Officer No. 9,

RECEIVED

*Dr. [unclear]*  
*[unclear]*

**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 Wayne Mc Coy

Licensed Embalmer No. 3586

P. O. Address Troy 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.**