

Registration District No. **J 77**

Primary Registration District No. **3016**

1. PLACE OF DEATH:

(a) County **Cole**
(b) City or town **Jefferson City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Central Trust Bldg 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 **7 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cole**
(c) City or town **Jefferson City**
(If outside city or town limits, write "RURAL")
(d) Street No. **613 Jefferson**
(If rural, give location)
(e) Citizen of foreign country **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Roberta Irene Harsh**

3. (b) If veteran, name war _____ 3. (c) Social Security **N495-12-6008**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Henry H. Harsh** 6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **July 19 1907**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 10 18 hr. min.

9. Birthplace **Detroit, Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk Mo. P. and L. Co.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Everett E. Johnson**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Hazel Garrison**
15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Harsh**
(b) Address **Jefferson City, Missouri**
17. (a) **Burial** (b) Date thereof **June-9-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **River View Cemetery**

18. (a) Signature of funeral director **Thorpe J. Jordan**
(b) Address **Jefferson City, Missouri**
19. (a) **6-9-47** (b) **R. G. Harris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
year **1947** hour **12:30** pm M.

21. I hereby certify that I attended the deceased from **May 9** to **June 7**, 19**47**
that I last saw him alive on **June 7**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Due to **Chronic myocarditis**
and Chronic endocarditis

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

Major findings: Of operations _____ Of autopsy _____
93D
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) _____ (e) Means of injury _____
23. Signature **James M. Honey** (M. D. or other) **MD**
Address **Jefferson City, Mo** Date signed **6/9/47**

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

26
5
4

~~Date Filed~~
~~District File Number~~

District Health Officer No. 9,

RECEIVED

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 Frank P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson 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.