

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21576**
Registrar's No. **213**

FILED JUL 3 1947
Registration District No. **200**

Primary Registration District No. **5725 3014**

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

1. PLACE OF DEATH:
(a) County **macon**
(b) City or town **macon**
(c) Name of hospital or institution: **Stell-Hedeth San. Co. 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

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

3. (a) PRINT FULL NAME **Margaret Harnett**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAY** day **3rd**
year **1947** hour **11** minute **5 A.M.**
21. I hereby certify that I attended the deceased from **APRIL 21st**
1944 to **MAY 3 1947**
that I last saw her alive on **MAY 3 1947**
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S-0**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Oct 26 - 1863**
(Month) (Day) (Year)

Immediate cause of death **SENILE DEMENTIA - WITH A BROKEN HIP**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **186A**
Of operations _____
Of autopsy **ID**

8. AGE: Years **83** Months **6** Days **7**
If less than one day _____ hr. _____ min.

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

9. Birthplace **Clarksville Penn**
(City, town, or county) (State or foreign country)
10. Usual occupation **School Teacher**

MOTHER FATHER
11. Industry or business _____
12. Name **Joseph Harnett**
13. Birthplace **no Record**
(City, town, or county) (State or foreign country)
14. Maiden name **Sophia Church**
15. Birthplace **no Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **T A Waeker**
(b) Address **511 E 14th St Bartlettville Mo**
17. (a) **burial** (b) Date thereof **May 5 - 47**
(Burial, cremation; or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oakwood Cem**
18. (a) Signature of funeral director **Robert Skum**
(b) Address **macon mo**
19. (a) **6/23/47** (b) **Auth McNeely**
(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) **Accident**
Date of occurrence **Jan 13, 1947**
(c) Where did injury occur? **macon**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
still - Hedeth San
(Specify type of place)
While at work? _____ (e) Means of injury **fell**
23. Signature **R. H. Stell** (M. D. or other) **D.O.**
Address **MACON MO** Date signed **MAY 3-47**

RECEIVED
District Health Officer No. 10
District File Number 7-47-813
Date Filed JUL - 1 1947

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.....

Howard F. Myers....., Registered Apprentice No. *468*
working under my personal supervision.

Signed *Albert Skinner*.....

Licensed Embalmer No. *75-1*.....

P. O. Address *Macon 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.