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5-17-39  
X37823

24024

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 9 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5549

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural (Richmond)  
(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 30 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 45

(a) State Missouri (b) County Howard

(c) City or town Fayette (Rural)  
(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 No

3. (a) PRINT FULL NAME Helen Cortney Siceloff Harris

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 Married

6. (b) Name of husband or wife Charles C. Harris 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased September 30, 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	8	25	hr. min.

9. Birthplace Bates Co. Missouri 6  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Rev. L. P. Siceloff

13. Birthplace North Carolina 1  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Cortney

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

16. (a) Informant Charles C. Harris  
(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 6/27/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge Cemetery

18. (a) Signature of funeral director Ralph A. Carr  
(b) Address Fayette, Missouri

19. (a) 7-5-1947 (b) Dorothy Jean Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th  
year 1947 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from 1933 to June 25, 1947  
that I last saw her alive on June 12, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus

Due to Chr. endocarditis 15 yrs.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

925

Duration

Sudden

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? \_\_\_\_\_

23. Signature Wm. J. Shaw (M. D. or other) M.D.  
Address Fayette, Mo. Date signed 6-29-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-7-47

AUG 18 1947

AUG 8 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, ~~by~~.....

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

Signed

*Raymond A. Caser*

Licensed Embalmer No.

3340

P. O. Address

*Gayette 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.