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5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 15 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **228464**

Registration District No. **244**

Primary Registration District No. **5832**

Registrar's No. **10**

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

**1. PLACE OF DEATH:**  
 (a) County **NEWTON**  
 (b) City or town **RURAL**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**SHOAL CREEK TWP. 3**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **MARJORIE ANN HARRIS**  
 3. (b) If veteran, name war **NONE**  
 3. (c) Social Security No. **377-24-3491**

4. Sex **FEM /** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **SINGLE**  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased **SEPTEMBER 16 1926**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**20 11 18** hr. min.

**9. Birthplace** **HIGHLAND PARK MICHIGAN**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **SALES LADY**

**11. Industry or business** **LADIES READY TO WEAR**

**12. Name** **EARL F. HARRIS**

**13. Birthplace** **CHINA GROVE N. CAROLINA**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **VIOLA M. ZIEMKE**

**15. Birthplace** **SANDUSKY OHIO**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Egill F. Harris**

**(b) Address** **Detroit Michigan**

**17. (a) REMOVAL** (b) Date thereof **9-6-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Detroit MICHIGAN**

**18. (a) Signature of funeral director** **Corey Thompson**

**(b) Address** **West 4th St. No. 100**

**19. (a) Sept. 6-1947** (b) **man. Albie Parnell**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MICHIGAN** (b) County **999**  
 (c) City or town **DETROIT** **20**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **0**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **SEPT** day **14**  
 year **1947** hour **10:10** minute **P.** M.

**21. I hereby certify that I attended the deceased from**....., 19.....;  
 that I last saw her alive on **Sept. 4**, 19**47**,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Probable Diabetic Coma.**  
 Cause of death **Unknown**  
 Due to **Found dead in bed.**

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

Major findings:  
 Of operations.....  
 Of autopsy.....

Duration  
 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)  
 (c) Means of injury.....  
**23. Signature** **Corey Thompson** **Corner 3**  
(M. D. or other)  
 Address **West 4th St. No. 100** Date signed **9/6/47**

OCT 9 1947  
FEB 20 1947

RECEIVED

District Health Officer No. \_\_\_\_\_  
District File Number 947-180  
Date Filed 9-8-47

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 Coley Thompson  
Licensed Embalmer No. 3259  
P. O. Address Neosho 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.