No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31570

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 28

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1223 Keller St.,
(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)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 1223 Keller St., 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Glenda Cheryl HARRIS
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: May (Month) 31, (Day) 1947 (Year)
8. AGE: Years 0 Months 3 Days 26 If less than one day ..... hr. ..... min.
9. Birthplace: Carthage, (City, town, or county) Mo. (State or foreign country) 1
10. Usual occupation:
11. Industry or business:
MOTHER FATHER
12. Name: Glenn N. Harris
13. Birthplace: Carthage, (City, town, or county) Mo. (State or foreign country) 0
14. Maiden name: Kathleen D. Pendleton
15. Birthplace: Tulsa, (City, town, or county) Okla. (State or foreign country) 1
16. (a) Informant: Mr. Glenn N. Harris
(b) Address: 1223 Keller St. Carthage, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 28 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Lawn Marionville, Mo.
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 9-27-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 26 year 1947 hour 3 minute 30 A M.
21. I hereby certify that I attended the deceased from birth, 19..., to Sept. 26, 1947; that I last saw her alive on Sept 25, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Status thymicus
Due to: Congenital (Sudden death)
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None.
Of autopsy: yes. - large thymus filling anterior chest

PHYSICIAN
Underline the cause of 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)
While at work (e) Means of injury 0
23. Signature: George H. Wood (M. D. or other)
Address: Carthage Mo Date signed 9/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-9-778

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 Gene C. Pugh.

Gene C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.