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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43962

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 4

1. PLACE OF DEATH

(a) County Stoddard

(b) City or town Rural Lib (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 years, months or days) In this community all of life

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard

(c) City or town 5 Miles W of Bernie Mo. (If outside city or town limits, write "RURAL")

(d) Street No. Liberty (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Martha Adeline Harbaugh

3. (b) If veteran, name war ✓

3. (c) Social Security No. no

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May (Month) 28 (Day) 1859 (Year)

8. AGE: Years 88 Months 5 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Stoddard Co (City, town, or county) O (State or foreign country)

10. Usual occupation House wife

11. Industry or business ✓

FATHER
12. Name James Middleton
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Dowdy
15. Birthplace Unknown Missouri (City, town, or county) O (State or foreign country)

16. (a) Informant Earl Douglass
(b) Address Bernie R # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 20 47 (Month) (Day) (Year)
(c) Place: burial or cremation Stevenson Cemetery

18. (a) Signature of funeral director Robert E Drum
(b) Address Bernie Mo.

19. (a) 1/9-48 (Date received local registrar) (b) Lottie Jeffress (Registrar's signature) 254

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 18, 1947, to only, 19..., that I last saw her alive on Nov. 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Senility	

Major findings:
Of operations
Of autopsy

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)
While at work? ..... (e) Means of injury 2

23. Signature F O Kelley (M.D. or other)
Address Bernie Mo. Date signed 1-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-65
Date Filed 1-12-48

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 J. G. Schauman

Licensed Embalmer No. 4086

P. O. Address Malden 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.