S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3871

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 312 E. Bolivar St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 312 E. Bolivar St. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Maggie Harper

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J.W. Harper

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

7. Birth date of deceased Oct. 9, 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Callaway County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name Cal Pasley
13. Birthplace ..... Va. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Smith
15. Birthplace ..... Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara King
(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E Pucht
(b) Address Mexico, Mo.

19. (a) 2/22/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1948 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from about August 15, 1948 to about Dec 30, 1948
that I last saw her alive on about Dec 30, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	1 week
Due to Anemia	1 year
Due to Carcinoma of lt breast with Metastases generalized	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

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

50

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 .....

23. Signature G P Kallenbach (M. D. ~~or other~~) 0
Address Mexico Mo Date signed 2-21-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-41-350
Date Filed FEB 25 1948

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 Clarence C. Robinson, Registered Apprentice No. 56, working under my personal supervision.

Signed Earl E. Pruhd

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.