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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 8 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15575

Registration District No. 44 Primary Registration District No. 5145 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Rural - Grandview Community
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southwest of Breckenridge, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell 13
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Southwest of Breckenridge, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME IdA MAY HARLOW

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife John Harlow 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. (Month) 7, (Day) 1878 (Year)

8. AGE: Years 69 Months 7 Days 15 If less than one day ✓ hr. ✓ min.

9. Birthplace Breckenridge, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Housekeeping

FATHER
12. Name Samuel Craley
13. Birthplace Unknown (City, town, or county) Pa. 1 (State or foreign country)

MOTHER
14. Maiden name Cassidy
15. Birthplace Unknown (City, town, or county) Pa. 1 (State or foreign country)

16. (a) Informant John Harlow
(b) Address Breckenridge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Breckenridge, Mo.

18. (a) Signature of funeral director Gene C. Michael
(b) Address Braymer, Mo.

19. (a) 5-25-48 (Date received local registrar) (b) Mrs. Nell B. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from March 20, 1948, to April 20, 1948; that I last saw her alive on Apr 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Poisoning Ascites.	
Due to Nephritis acute.	Mo. 2
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

130

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 J. D. Underwood (M.D. or other) D.O.
Address Breckenridge Mo Date signed April 28-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.