

0. 2  
1/47  
7-39

National Office of Vital Statistics  
FILED JUN 18 1948  
Registration District No. 276

Primary Registration District No. 5944

State File No. \_\_\_\_\_  
Registrar's No. 35

1. PLACE OF DEATH:

(a) County: Phelps  
(b) City or town: Rosati, Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home, Dawson, Ark.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community: about 4 yrs (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Phelps  
(c) City or town: Rosati Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Margaret Harris  
3. (b) If veteran, name war: WW  
3. (c) Social Security No.: NW  
4. Sex: Female  
5. Color or race: Colored  
6. (a) Single, widowed, married, divorced, widower: Widowed  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 69

9. Birthplace: Jefferson County, Mo.  
(City, town or county) (State or foreign country)  
10. Usual occupation: Housekeeper

MOTHER FATHER

11. Industry or business: \_\_\_\_\_  
12. Name: Jim Hubbard  
13. Birthplace: \_\_\_\_\_  
(City, town or county) (State or foreign country)  
14. Maiden name: Miss \_\_\_\_\_  
15. Birthplace: \_\_\_\_\_  
(City, town or county) (State or foreign country)

16. (a) Informant: Wash Hubbard  
(b) Address: Rosati, Mo.  
17. (a) \_\_\_\_\_ (b) Date thereof: 6-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burial or cremation: Father, Dawson, Ark.

18. (a) Signature of funeral director: \_\_\_\_\_  
(b) Address: \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 9<sup>th</sup>  
year: 1948 hour: 9 minute: 30 A.M.  
21. I hereby certify that I attended the deceased from January 26, 1948 to June 9, 1948  
that I last saw her alive on June 9, 1948  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death: Cerebral Hemorrhage  
Due to: Hypertensive type 2 years

Other conditions: \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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: \_\_\_\_\_  
23. Signature: C. V. Jamesley (M. D.)  
Address: P.O. Jamesley, Mo. Date signed: 6.9.48

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

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed June 16, 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 Wm. T. Wilson

Licensed Embalmer No. 4435

P. O. Address \_\_\_\_\_

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.