No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28760

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 276

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: 715 W. Dodson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. 715 W. Dodson
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dorothy M. Harbin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 11 (Day) 1905 (Year)

8. AGE: Years 43 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Kirksville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Henry Jones
13. Birthplace Adair Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Frances Burton
15. Birthplace Macon County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Henry Jones
(b) Address Kirksville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation Llewellyn Cmt.

18. (a) Signature of funeral director Paul M. Riley Dee Riley Funeral Home
(b) Address Kirksville, Missouri

19. (a) 9-28-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1948 hour 10:00 minute A.M.

21. I hereby certify that I attended the deceased from Sept. 5, 1938, to Sept. 26, 1948; that I last saw her alive on Sept. 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Medullary failure	12 hrs
Due to uremia	7 days
Due to Hypertensive heart disease	Unknown
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature Herman F. Stitt (M. D. or other) DO

Address Kirksville, Mo Date signed 9/28/48

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 1958

RECEIVED
District Health Officer No. 10
District File Number 10-48-1733
Date Filed OCT 5 - 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D V Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.