S. No. 2
—8-43
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 OCT 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30504

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 42

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town GRANBY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 13
(c) City or town GRANBY
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARGARET ROSE LINDER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEM 1
5. Color or race White
6. (a) Single, widowed, married, divorced 2 WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER (Month) 15 (Day) 1882 (Year)

8. AGE: Years 65 Months 11 Days 21 If less than one day hr. min.

9. Birthplace RITCHEY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name THOMAS A. HARRIS
13. Birthplace (City, town, or county) ILLINOIS (State or foreign country)
MOTHER
14. Maiden name LOUISE SNOW
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MAE LACY
(b) Address GRANBY MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation JOPLIN FAIRVIEW CEM
18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo.
19. (a) 10-7-48 (Date received local registrar) (b) M. L. Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1948 hour 11:40 minute a. M.
21. I hereby certify that I attended the deceased from Oct 2, 1948 to Oct 6, 1948 that I last saw her alive on Oct 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the liver with Metastasis.	5 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Charles O Chester (M. D. or other) DO
Address Granby Mo Date signed 10-7-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Newton Co. Health Unit
District 5-21th Officer No.
District File Number 1048-394
Date Filed 10-13-48

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 Rollie Kessel, Registered Apprentice No. 228, working under my personal supervision.

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.