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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36314

State File No.

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Pomona, Mo. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harriet Jane Deboard

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Andy Deboard

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

7. Birth date of deceased 2 (Month) 26 (Day) 1871 (Year)

8. AGE: Years 77 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Fredonia (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Miller 9
13. Birthplace UNK (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Martin 9
15. Birthplace UNK (City, town, or county) (State or foreign country)

16. (a) Informant Henry Deboard
(b) Address Pomona, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 11-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lost Camp

18. (a) Signature of funeral director Robertson's
(b) Address West Plains, Mo.

19. (a) Nov 24 - 1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 11/1, 1948, to 11/2, 1948
that I last saw her alive on 11/2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation

Due to Mitral Regurgitation

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 92 B

Duration

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 Maurice Thompson (M. D. or other) MD

Address West Plains Mo Date signed 11/24/48

(Licensed Embalmer's Statement on Reverse Side) Thompson

RECEIVED 11-30-48
District Health Officer No. 5,
District ... Number 1249732
Date Filed 12-1-48

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 George R. Drago

Licensed Embalmer No. 4480

P. O. Address West Plains 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.