

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

W. E. Olson  
State File No. 40201

FILED JAN 3 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	
c. LENGTH OF STAY (in this place) <u>16 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>321 E. Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>321 E. Prairie</u>		e. STREET ADDRESS <u>321 E. Prairie</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nattie</u> b. (Middle) <u>Frances</u> c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-21-1948</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Dec-11-1878</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Sullivan Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. Brust</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Pipes</u>	
14. NAME OF HUSBAND OR WIFE <u>Jarne Harris</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs May Thompson</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>50</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer</u> ANTECEDENT CAUSES DUE TO (b) <u>carcinoma of breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. <u>U</u>			
23a. SIGNATURE (Degree or title) <u>Harold W. Bohmick M.D.</u>		23b. ADDRESS <u>Brookfield, Mo.</u>	
23c. DATE SIGNED <u>12/23/48</u>		24. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-23-48</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Price Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-24-48</u>		REGISTRAR'S SIGNATURE <u>Walter Erwin</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>o Hill Funeral Home</u>		ADDRESS <u>Brookfield</u>	

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

58  
1  
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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*J. W. Blacklock*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *2246*

P. O. Address *Brookfield*

**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.