

Registration District No. 308

Primary Registration District No. 6049

1. PLACE OF DEATH:

(a) County. St. Charles  
(b) City or town. Rural  
(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.  
In this community. Three weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. Warren  
(c) City or town. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 mile south of Joplin (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MELISSA A HARLAN

3. (b) If veteran, name war. L 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased. Jan 9 1869 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 11 7 hr. min.

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

10. Usual occupation. Housewife

11. Industry or business.

12. Name. John Lewis

13. Birthplace. unknown (City, town, or county) (State or foreign country)

14. Maiden name. Turner

15. Birthplace. unknown (City, town, or county) (State or foreign country)

16. (a) Informant. Orpha Phengo

(b) Address. Warren Mo

17. (a) Burial (b) Date thereof. Dec 18 1948 (Month) (Day) (Year)

(c) Place: burial or cremation. Pat Home

18. (a) Signature of funeral director. B. A. Barber

(b) Address. Warren, Mo

19. (a) 12-16-48 (Date received local registrar) (b) Paul Plummer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16 year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 28 1948 to Dec 16 1948

that I last saw him alive on Dec 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis Duration 1 day

Due to Arteriosclerosis 6 months

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy. CA

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?

While at work (Specify type of place) (e) Means of injury

23. Signature Paul Plummer (M. D. or other) MD

Address Warren, Mo Date signed 8-16-48

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

22

RECEIVED  
District Health Officer No. 9,  
District File Number  
DEC 28 1948  
Date Filed

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 Carl A. Zuckerman  
Licensed Embalmer No. 4115  
P. O. Address Conestoga

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.