

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32797

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Nevada</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 South Cedar</u>		d. STREET ADDRESS (If rural, give location) <u>507 South Cedar</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>May</u> b. (Middle) <u>E</u> c. (Last) <u>Harkreader</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14 1949</u>		
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5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>		7. MARRIAGE STATUS <u>WIDOWED</u>		8. DATE OF BIRTH <u>Oct. 29 - 1879</u>		9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 18 Hrs. _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
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13a. FATHER'S NAME <u>James Scott</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Williams</u>			14. NAME OF HUSBAND OR WIFE <u>James Harkreader</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D. E. Land</u> ADDRESS <u>Nevada, Mo. 64</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>								<u>Short</u>	
								<u>None</u>	
								<u>4 1/2</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from May 19, 1949, to Sept 14, 1949, that I last saw the deceased alive on Sept 14, 1949, and that death occurred at 5:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. P. ...</u> (Degree or title)		23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>9/15/49</u>	
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24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>✓</u>		24b. DATE <u>Sept. 16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>More Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Sept. 19, 49</u>		REGISTRAR'S SIGNATURE <u>Ruthy H. ...</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. ...</u> ADDRESS <u>Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 11 1949

RECEIVED

District Health Officer No. 7,

District File Number 8-49-1141

Date Filed 9-24-49

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 \_\_\_\_\_

John G Lewis  
working under my personal supervision.

Student Embalmer No. 331

Student John G Lewis  
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 1760

P. O. Address Nevada 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.