

FILED OCT 24 1947

State File No. _____

Registration District No. 56

Primary Registration District No. 5195

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rural Prarie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Carrollton Mo. RR. I.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution At Home.
(Specify whether years, months or days) 120 Days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll
(c) City or town Rural Prarie.
(If outside city or town limits, write "RURAL")
(d) Street No. Carrollton Mo. RR. I.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florence Rhoda Harris.

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

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

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

7. Birth date of deceased June 12 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 21 hr. min.

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

10. Usual occupation House Work.

11. Industry or business _____

MOTHER FATHER
12. Name Charley Cox.
13. Birthplace North Carolina.
(City, town, or county) (State or foreign country)
14. Maiden name Martha ANN Cox.
15. Birthplace Panala Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant John T. Farrell
(b) Address Carrollton Mo RR. I.

17. (a) Burial (b) Date thereof 10. 8. 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beathy Cemetery.

18. (c) Signature of funeral director John T. Farrell

(b) Address Norborne, Mo.

19. (a) Oct 6 1947 (b) Eileen Penniston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th Saturday
year 1947 hour 6/15 minute A M.

21. I hereby certify that I attended the deceased from 9/15/47
to 9/25/47, 1947,
that I last saw her alive on 9/22/47, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Duration
Decompensation Not definite

Due to Cardiac Hypertrophy Not Not
known

Due to Cause not definite

Other conditions Not definite
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 93E
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 0

23. Signature A. J. Gardner (M. D. or other)
Address Norborne Date signed 10/6/47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-23-47

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed John G Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.