

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13954

State File No.

Registration District No. 105

Primary Registration District No. 3010

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(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 15 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Sadie Harris

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife John Harris 6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased Sept 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Unborn
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Marshall
(b) Address Carrollton

17. (a) Burial (b) Date thereof 4-16-42 (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Stanley

(b) Address Carrollton

19. (a) 4-16-42 (Date received local registrar) (b) Mrs James Rafferty (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15 year 1942 hour 8 minute 12 P.

21. I hereby certify that I attended the deceased from March 25th 1942 to Apr 15 1942
that I last saw her alive on Apr 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Hypertension ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 430

Of autopsy

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) (c) Means of injury.

23. Signature W. S. Oswald (M. D. cooperator)

Address Carrollton Mo Date signed 4/17/42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-13-42

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 _____

Licensed Embalmer No. 2961

P. O. Address Carrollton, Ky

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.