

S. No. 2  
M-3-43  
7-5-17-39  
P-1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21195**

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 66

1. PLACE OF DEATH:  
(a) County Ray  
(b) City or town 53-22 Rural Richmond  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 mile E. Vibbard  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 63 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ray  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 Mile E. Vibbard  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Amanda Bell Harris  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June 6 day  
year 1946 hour 6:30 A.M. minute \_\_\_\_\_ M. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Henry Harris 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased April 20, 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death CORONARY OCCLUSION Due to Thrombosis. Duration

8. AGE: Years 65 Months 1 Days 16 If less than one day  
hr. \_\_\_\_\_ min. 0

Due to surgery on foot  
Due to death sudden

9. Birthplace Davies County  
(City, town, or county) (State or foreign country)  
Housewife

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Housekeeping

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Lindsey Harlow  
13. Birthplace Davies County  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Jane Wilson  
(City, town, or county) (State or foreign country)  
15. Birthplace Davies County  
(City, town, or county) (State or foreign country)

16. (a) Informant John Harris  
(b) Address Richmond, R.F.D. #2  
17. (a) Burial (b) Date thereof 6/8/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place of burial or cremation Knoxville, Tenn. Vincaid Cemetery  
18. (a) Signature of funeral director Quest-Lile F.H.  
Richmond, Missouri  
(b) Address \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3  
23. Signature Dr. J. F. Baker Ray Co. CORONA  
Address Richmond MO Date signed 6-8-46

19. (a) June 9-46 (b) Malhel Jackson  
Date received local Registrar (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-19-46

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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.....

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

Signed *George H. Cole*

Licensed Embalmer No. 4069

P. O. Address. *Richard, Missouri*

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.