

FILED DEC 4 1941

Registration District No. **138**

Primary Registration District No. **4080**

Registrar's No. **119**

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Wakenda  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Wakenda, Mo.  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Myrtle Harris

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

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

(b) Name of husband or wife Charles T. Harris (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Oct. 16. 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Clark Ingersoll

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

14. Maiden name Rebbie Spalding

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

16. (a) Informant Charles T. Harris

(b) Address Wakenda Mo.

17. (a) Burial (b) Date thereof Nov. 26. 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tinneys Grove Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Richmond Mo.

19. (a) 11-25-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24  
year 1941 hour 4 minute 20, P. M.

21. I hereby certify that I attended the deceased from Jan. 1 to Nov. 24 1941  
that I last saw him alive on Nov. 24 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death mental emphysema

Due to insufficiency of age

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

Major findings: Of operations 926

Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) [Signature]

Address [Signature] Date signed Nov 25 1941

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-3-41

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, ##

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

Signed

*E. H. ...*

Licensed Embalmer No. 2073

P. O. Address Richmond 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.**