

FILED FEB 28 1946 STANDARD CERTIFICATE OF DEATH

State File No. 2522

Registration District No. 87

Primary Registration District No. H144

Registrar's No. 7

1. PLACE OF DEATH: (a) County Cooper  
 (b) City or town Pilot Grove, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Pilot Grove Mo  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 In this community 60 yrs  
 years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME BERTHA - Sue - HARRIS  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. 710

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 23rd.  
 year 1946 hour 8: minute 30 P.M.  
 21. I hereby certify that I attended the deceased from Nov 1944  
 \_\_\_\_\_, 19\_\_\_\_, to Jan 23, 1946.

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Gred K Harris  
 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased Sept - 29 - 1877 -  
 (Month) (Day) (Year)

that I last saw her alive on Jan 23, 1946  
 and that death occurred on the day and hour stated above.  
 Immediate cause of death: Uremia

8. AGE: 68 Years 3 Months 24 Days  
 If less than one day hr. min.

Due to portal obstruction  
 Due to adenocarcinoma of liver, jejunum, duodenum

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

Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy U68

10. Usual occupation Housewife

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

11. Industry or business Home  
 12. Name A. H. Blakey  
 13. Birthplace Unknown Ky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name See Thompson  
 15. Birthplace Unknown Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Gred K Harris  
 (b) Address Pilot Grove, Mo  
 17. (a) Burial (b) Date thereof 1-25-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Pilot Grove Mo

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?  
 (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Days & Spitzer  
 (b) Address Pilot Grove, Mo  
 19. (a) 1-24-46 (b) Clay Morris  
 (Date received local registrar) (Registrar's signature)

23. Signature Bernice G. Galt (M. D. or other) MD  
 Address Pilot Grove, Mo Date signed 1/24/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
501

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-7-46

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

*Clayton E. Hays*

Licensed Embalmer No.

3074

P. O. Address

*Yelot Grove, 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.