

1937 JAN 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44916
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 877
(b) Township Bacon Primary Registration District No. 6163
(c) City Harwood (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MYRTIE PRANCIS

(a) Residence, No. Harwood Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. L. Francis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10 1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
66 0 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weller ville Mo

FATHER 13. NAME John Winsinghams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dr. Keel Co. Mo

MOTHER 15. MAIDEN NAME Elizabeth Haunman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racine Wis.

17. INFORMANT (ADDRESS) Mrs. Clyde Smith Harwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harwood DATE Dec. 24 1937

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. W. Wagner Harwood Mo

20. FILED Dec. 24 1937 Pearlie Payne Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1939

22. I HEREBY CERTIFY, That I attended deceased from May 27 1939 to Dec 23 1939
I last saw h. p. alive on Dec 23 1939 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of lung with metastases to Back
Date of onset May 1939
Other contributory causes of importance: 47
None

Name of operation None Date of _____
What test confirmed diagnosis? May Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) [Signature], M. D.
(Address) [Address]

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District Registrar 7-40-20
Date Recd 4-9-40

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..... *Clawson*.....
Licensed Embalmer No. *2709*.....
P. O. Address *Harwood 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, above space should be left blank.