

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 8

Registration District No. 4

Primary Registration District No. 3001

FILED FEB 13 1940

**1. PLACE OF DEATH:**  
 (a) County Adair  
 (b) City or town Kennett  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 204 East Harrison 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 17 days \_\_\_\_\_ (Specify whether)  
 years, months or days 1-11-40

3. (a) PRINT FULL NAME Cordie Francis Harris  
 3. (b) If veteran, name war \_\_\_\_\_   
 3. (c) Social Security No. ✓

4. Sex F. 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Jasper L. Harris 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased July 28 1870  
 (Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home keeper

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

12. Name Edward Pendleton Alexander

13. Birthplace Cherry Box Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Louisa Cook

15. Birthplace Indian Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Jasper Harris  
 (b) Address Lemard, Mo.

17. (a) Rural (b) Date thereof Jan-13-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cherry Box, Mo.

18. (a) Signature of funeral director Keith Hudson  
 (b) Address Edinburg, Missouri

19. (a) 1-11-40 (b) Spencer L. Freeman  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Shelby  
 (c) City or town Lemard (Rural)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1940 hour 1 minute 58 P.M.  
 21. I hereby certify that I attended the deceased from Jan 8 1940 to Jan 11 1940  
 that I last saw her alive on Jan 11 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia Duration 5 days  
Due to Typhoid fever 3 weeks  
Due to Scurvy 2 yrs.  
 Other conditions: 66 lbs  
 (Include pregnancy within 3 months of death)

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

3 While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature W. M. Collier (M. D. or other) MD  
 Address Ruffsdale Mo Date signed Jan 11-40

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

RECEIVED

District Health Officer No. 10

District File Number 2-40-390

Date Filed FEB 12 1940

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina - Ms.

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.