

FILED DEC 9 1943

Registration District No. 9

Primary Registration District No. 3004

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Barton

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

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

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Lamar 1
(If outside city or town limits, write "RURAL")

(d) Street No. 801 Walnut
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HARRIET BEATIE CUSENBARY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife William Cusenbary 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: November 10 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 0 0 _____ hr. _____ min.

9. Birthplace Mendota, Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired switchboard operator

11. Industry or business S. W. Bell Telephone Co.

MOTHER FATHER { 12. Name James Fugate

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

14. Maiden name Mary Elizabeth Harris

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marion Marcum

(b) Address Lamar, Missouri 1943

17. (a) Burial (b) Date thereof November 12
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 11-12-43 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1943 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from Sept. 12, 1943, to Nov. 10, 1943
that I last saw her alive on Nov. 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Infirmities of old age

Other conditions: 1628
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

White at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Karl K. Kraft (M.D. or other) 9 D.O.
Address Lamar, Mo. Date signed 11/12/43

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

RECEIVED

District Health Officer No. 6,

District File Number

1243-1340

Date Filed

1943

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.....

Carl F. Monahan

Licensed Embalmer No. 2247

P. O. Address. Lamar, 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.