No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 2 1948
Registration District No. 31e

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6074

State File No. 17336
Registrar's No. 169

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 909 North Main /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 91 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Desloge, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 909 North Main (If rural, give location) No.
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

64 0600

3. (a) PRINT FULL NAME Ardilia C. Harris
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Marshall Harris
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August (Month) 15 (Day) 1948 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 91 | 9 | 4 | ..... hr. ..... min. |

9. Birthplace Cedar Falls (City, town, or county) St. Francois Co, Mo. (State or foreign country)
10. Usual occupation House wife
11. Industry or business .....
MOTHER / FATHER
12. Name William Highley
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Ludicia McKee
15. Birthplace Cantwell, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Miss. Birdie Harris
(b) Address Desloge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park View Cem.
18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.
19. (a) 5-28-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1948 hour 9 minute 45 a. M.
21. I hereby certify that I attended the deceased from April, 1948, to May 19, 1948, that I last saw her alive on May 17, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | 1 hr |
| Due to Arteriosclerotic Heart Disease | |
| Due to ..... | |
| Other conditions (Include pregnancy within 3 months of death) ..... | |
| Major findings: Of operations ..... | |
| Of autopsy ..... | |

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature J. L. Foster (M. D. or other) MD
Address Desloge Mo Date signed 5-21-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 648-698
Date Filed 6-1-48

## 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 L. T. Sayer

Licensed Embalmer No. 2660

P. O. Address Wesley, 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.**