

REC'D SEP 19 1938

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

29428
Do not use this space.

1. PLACE OF DEATH
(a) County Macon Registration District No. 533
(b) Township Macon Primary Registration District No. 3027 Registered No. 51
(c) City Macon (d) Street No. Danmaitaw St. Original
(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. 6 2 4

2. PRINT FULL NAME Bessie Harris

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF M. J. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 26 5 20

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. Housewife

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) Holt Mo

13. NAME C. H. Settle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Minnie West

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) M. J. Harris Holt Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dubochy Holt Mo DATE 8-30-1938

19. FUNERAL DIRECTOR (ADDRESS) Stephens & Hodding Macon Mo

20. FILED 8/31 1938 Leslie Henderson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28-1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1938, to Aug 28, 1938. I last saw alive on , 19 . Death is said to have occurred on the date stated above, at 11:30 P.M. The principal cause of death and related causes of importance were as follows:
Killed in automobile wreck at the divided bridge near Dallas Mo 8/28 Date of onset

Other contributory causes of importance: Fast Driving

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8-28-1938 Where did injury occur? near Dallas Mo on 3rd St (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Automobile Wreck

Nature of injury Broken Neck & Brain

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Lowell Crooner, M. D. (Address) New Center in Mo

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.

210 m

RECEIVED

District Health Officer No. 10

District File Number 10-38-107

Date Filed 9-15-38

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)