REC'D OCT 7 1938

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

31632
Do not use this space.

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.

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1. PLACE OF DEATH

(a) County: Barton — Registration District No.: 1008
(b) Township: Newport — Primary Registration District No.: 5057 — Registered No.: 2
(c) City: — (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 Charles J. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sophia Longenecker Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 29 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	70	6	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): 9-1-1938
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Neola / Dade Co. Mo

FATHER
13. NAME: Evan R. Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Penn.

MOTHER
15. MAIDEN NAME: Mary Ann Killingsworth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Penn.

17. INFORMANT (ADDRESS): Mrs. Sophia L. Harris, Lamar Mo. R3

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Round Prairie Cem DATE: Sept 8 1938

19. FUNERAL DIRECTOR (ADDRESS): Konantz's, Lamar, Mo.

20. FILED: Sept 10, 1938 J. W. Wise, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept ~~Aug~~ 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1938, to Sept 6, 1938. I last saw h... alive on Sept 6, 1938. Death is said to have occurred on the date stated above, at 11:05 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis — Date of onset: Unk / Unknown

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Other contributory causes of importance:
Uremia Began some time prior to Sept 2-1938

Name of operation: None — Date of:
What test confirmed diagnosis? Clinical — 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) J. M. Bruesko, M. D.
48 (Address) Lexington Cty Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 6-38-240
Date Filed 10/5/38

STATEMENT BY LICENSED EMBALMER

I, Carl F. Konantz, Licensed Embalmer No. 2247

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

L. E.

No. or by Sam E. Sensency, Registered Apprentice No. 135

working under my personal supervision.

Signed Carl F. Konantz

Licensed Embalmer No. 2247

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)