

DEC 19 1938

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

39432
Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 408
 (b) Township Carthage Primary Registration District No. 3020 Registered No.
 (c) City Carthage (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 19015 Main Carthage Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Harris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 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) Nashville Ill

FATHER 13. NAME W. J. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Ill

MOTHER 15. MAIDEN NAME E. Liza Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Ill

17. INFORMANT (ADDRESS) Mrs Hattie Harris Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Nov 18 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phas J. Teeter Gasper Mo

20. FILED Nov 18 1938 E. J. McEntire, M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1938, to Nov 16 1938

I last saw him alive on Nov 16 1938. Death is said to have occurred on the date stated above, at 6:20 pm.

The principal cause of death and related causes of importance were as follows:

myocarditis - Chronic
Decompensation

Date of onset 7/11/38

Other contributory causes of importance: AB

Senility
Infected teeth

Name of operation none Date of
 What test confirmed diagnosis? physical 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

Where did injury occur? home (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? none

If so, specify George H. Wood, M. D.

(Signed) George H. Wood, M. D.
 (Address) Carthage 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.

NOV 8 1945

RECEIVED

District Health Officer No. 6,

District File Number 6-38-785

Date Filed DEC 16 1938

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,

Chas J Teeter

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Chas J Teeter

Licensed Embalmer No. 25-66

P. O. Address.....

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.