

REC'D JAN 25 1939

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

143931
Do not use this space.

1. PLACE OF DEATH

(a) County Newton 3
(b) Township Seneca
(c) City Seneca 1
(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. _____
St. _____
yrs. mos. ds.

2. PRINT FULL NAME ROY HARRIS Roy Edward 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10th 1909
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 4 18
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common
9. Industry or business in which work was done, as saw mill, bank, etc. labor
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) McDonald Co. Mo.

FATHER 13. NAME William Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co.

MOTHER 15. MAIDEN NAME Alice German

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca Mo. DATE Dec. 30th 38

19. FUNERAL DIRECTOR Mitchell Chase (ADDRESS) Seneca, Mo.

20. FILED 1/2 1939 Mark Sparin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him dead on 12-28, 1938. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Internal injuries and Shock.
His car was struck by a Frisco Passenger train at grade crossing and
Other contributory causes of importance: Main St. in Seneca Mo.

Name of operation _____ 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 12-28, 1938
Where did injury occur? Grade Crossing + main st in Seneca Mo. Specify whether injury occurred in Industry, in home, or in public place. Public Street
Manner of injury Car struck by train
Nature of injury Internal Injuries

24. Was disease of injury in any way related to occupation of deceased? If so, specify body Thompson barrens
(Signed) Neesho Mo
546 (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Barley Thompson, Licensed Embalmer No. 3259
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Barley Thompson
L. E. No. 3259 or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Barley Thompson
Licensed Embalmer No. 3259

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.)