

JAN 20 1939

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

44145
Do not use this space.

1. PLACE OF DEATH

(a) County Pike 2
(b) Township Peno
(c) City Frankford 1
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 688
Primary Registration District No. 4412

Registered No. 30

(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.

2. PRINT FULL NAME Jack 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 Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sonla Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1853

7. AGE YEARS 85 MONTHS DAYS IF LESS than 1 day,hrs. ormin.

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) Frankford (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown?

MOTHER 15. MAIDEN NAME Jane Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri - 0

17. INFORMANT (ADDRESS) Reuben Johnson
Frankford Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Frankford Cem DATE Jan 1 - 1939

19. FUNERAL DIRECTOR (NAME) Fields & Son (ADDRESS) Frankford Missouri

20. FILED Jan 3 1939 Mattie Unsell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-24-38, 19... to 12-3-38, 19...

I last saw him alive on 12-3-38, 19... Death is said to have occurred on the date stated above, at 12 m.

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

Organic Heart Disease of long standing.
See other field. 9510
Date of onset 2

Other contributory causes of importance:

General Infirmitie of Old Age

Name of operation..... 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? If so, specify Not to my knowledge

(Signed) Charles D. Revell M. I.
(Address) Louisa, 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.

I attended the deceased Jack Harris in Pike Co.
Hosp. Louisiana Mo. from 11-24-98 to 12-3-98 for the
conditions as stated on other side as cause of death
but have neither seen nor heard from him since
that time. To the best of my knowledge and belief
the cause of death was as stated.

Charles F. Lewell, M.D.

RECEIVED

District Health Officer No. 10

District File Number 10-38-954

Date Filed 1/14/29

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 _____

Licensed Embalmer No. _____

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.