REC'D FEB 21 1939

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

1630
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 28
(c) City St. Joseph, (d) Street No. St. Joseph's Hospital, 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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry Carpenter Harris,
(a) Residence, No. 5 Mi. So. on Sparta Road 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): Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5th. 1883
7. AGE: YEARS 55 MONTHS 3 DAYS 4 If LESS than 1 day, ....hrs. or ....min.

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. Dairy,
10. Date deceased last worked at this occupation (month and year) January 1939.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri, 0

FATHER
13. NAME Caleb William Harris, U
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England, 0

MOTHER
15. MAIDEN NAME Jane B. Weir,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Missouri,

17. INFORMANT John W. Harris
(ADDRESS) R.F.D. # 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparta Cemetery DATE Jan'y 11, 39

19. FUNERAL DIRECTOR (NAME) Heaton-Bergole Bowman
(ADDRESS) 319 So. 10th. Str. Funeral Home

20. FILED Jan 11 1939 H. J. Heatlebush
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany. 9th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1939, to Jan. 9, 1939
I last saw him alive on Jan. 9, 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 1-4-39 |
| 103 | |
| Other contributory causes of importance: Myocarditis, Chronic | 1936 |

Name of operation none Date of
What test confirmed diagnosis Clinical Was there an autopsy? yes

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) C. S. Grant, M. D.
(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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**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, Jan 9, 19

, or by

Registered Apprentice No. , working under my personal supervision.

Signed O. E. Summerfield

Licensed Embalmer No. 2007

P. O. Address 319 So 10th Harp

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

**If this body is not embalmed, above space should be left blank.**