

JUL 14 1939

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

21933
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 219
(b) Township Kelley Primary Registration District No. 5299
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Van Edward Harris

(a) Residence, No. _____ 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 10, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 2 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cole County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Stephen A. Harris

14. BIRTHPLACE (CITY OR TOWN) Cooper County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Helen Haldiman

16. BIRTHPLACE (CITY OR TOWN) Moniteaub County (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) W. Elmer Harris
Register

18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton, Mo DATE July 1, 1939

19. FUNERAL DIRECTOR (NAME) Joyce E. Richard (ADDRESS) Tipton Mo

20. FILED 7-1-39 Arb Whitaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939, to June 29, 1939
Last saw him alive on June 29, 1939 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

So. cause of lungs
5'2"
50

Date of onset about April 1939
1938 (?)

Other contributory causes of importance:

Other - Sacrospina
fracture, right leg

Name of operation amputated leg Date of Mar. 38
What test confirmed diagnosis? X-ray 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) R. Kelley, M. D.
(Address) Register 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.

RECORD WITH OUPADING INK---THIS IS A PERMANENT RECORD

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RECEIVED

District Health Officer No. 8,
District File Number
Date Filed 7/11/39

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 *me*

....., Registered Apprentice No.

working under my personal supervision.

Signed *J. E. Richards*
Licensed Embalmer No. *7466*
P. O. Address *Lipton*

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.