

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.

REC'D AUG 11 1939

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

24200  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City.....  
(d) Street No.....  
(e) Length of residence in city or town where death occurred yrs. mos. ds.  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

791  
1003

Registered No. 6473

2. PRINT FULL NAME EMMA HARRIS 620

(a) Residence, No. Jarvis Township, Madison County, Ill.  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 7 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher  
9. Industry or business in which work was done, as saw mill, bank, etc. Public Schools  
10. Date deceased last worked at this occupation (month and year) Dec 7 - 1938  
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Jarvis Township Ill.  
(STATE OR COUNTRY)

13. NAME Lewis Harris

14. BIRTHPLACE (CITY OR TOWN) Jarvis Township Ill.  
(STATE OR COUNTRY)

15. MAIDEN NAME Arkansas Cook

16. BIRTHPLACE (CITY OR TOWN) Madison County Ill.  
(STATE OR COUNTRY)

17. INFORMANT Grace Harris  
(ADDRESS) RR #1 Collinsville Ill.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Harris Cemetery DATE July 24 1939

19. FUNERAL DIRECTOR (NAME) Geo. M. Schrockel  
(ADDRESS) Collinsville Ill.

20. FILED JUL 24 1939 J. B. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 21 1939

22. I HEREBY CERTIFY, That I attended deceased from April 27 1939 to July 21 1939  
I last saw her alive on July 21 1939. Death is said to have occurred on the date stated above, at 6:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma, metastatic, general.  
Date of onset Apr. 1937  
Other contributory causes of importance: Carcinoma of breast  
Date of onset Nov. 1937

Name of operation Radical Breast Date of May 1937  
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? 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) Arthur B. Jones, M. D.  
(Address) 3720 Washington Blvd.

6473

6473

**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

Geo M Schroeppel, Registered Apprentice No. ~~1598~~  
working under my personal supervision.

Signed Geo M Schroeppel

Licensed Embalmer No. 1598

P. O. Address Colhinsville

**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.