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

DEC 0 SEP 14 1939

29791
Do not use this space.

1. PLACE OF DEATH
(a) County Newton — Registration District No. 614
(b) Township — Primary Registration District No. 4555 — Registered No. 20
(c) City Granby — (d) Street No. X 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 1 yrs. mos. ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Beverly Maby Harris
(a) Residence, No. Granby Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26 1938

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
1	6	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. XXXXXXX
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) (STATE OR COUNTRY) Treece Kans.

FATHER
13. NAME Paul Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Mo.

MOTHER
15. MAIDEN NAME Lorene Clevenger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Mo.

17. INFORMANT Paul Harris (ADDRESS) Granby Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby Cem. DATE 22/8/39 19

19. FUNERAL DIRECTOR Victor O. Niemeyer (ADDRESS) Pierce City Mo.

20. FILED Aug 22 1939 L E Rolens
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21/39 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1939 to Aug 21 1939
I last saw her alive on Aug 21 1939. Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Entero-colitis	Aug 8 39

Other contributory causes of importance:

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? ... 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) Charles E. Chaney, M. D.
(Address) Granby Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 939-1873
Date Filed SEP 1 ? 1939

STATEMENT BY LICENSED EMBALMER

I, Victor O Kimmeyer, Licensed Embalmer No. 382

hereby certify that the body recorded on the reverse side of this certificate was embalmed by not Embalme

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Victor Kimmeyer

Licensed Embalmer No. 3822

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