

Registration District No. 29

Primary Registration District No. 3038

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: V  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 68 yrs.  
years, months or days

3. (a) PRINT FULL NAME Henry Hook Harris Sr.

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 620

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes Mae Harris 9. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan 7 - 1871  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saline Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retail

11. Industry or business U

12. Name Henry Hook Harris

18. Birthplace Howard Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Staples

15. Birthplace Saline Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. H. Harris Jr.

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Nov 17 - 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Rd. Cem. Marshall, Mo.

18. (a) Signature of funeral director Camille Rums  
(b) Address Marshall Mo.

19. (a) 11-18-39 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 772 South Odell  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15  
year 1939 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 3 - 39, 1939, to Nov 15, 1939; that I last saw him alive on Nov 15, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Maxillary Sin.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Geo. B. Hardin (M. D. or other) \_\_\_\_\_  
Address Marshall Mo. Date signed 11-16-39

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12/20/39

**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 \_\_\_\_\_

Joe H. Lewis, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Joe H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall

**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.**