

JAN 15 1940

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

44141
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
 (b) Township Peashe Primary Registration District No. 4363 Registered No. 143
 (c) City Peashe (d) Street No. Oak-Borman 2nd 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 620 Lester L Harris St. Goodman, Mo.
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25-1909

7. AGE YEARS 30 MONTHS 3 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
 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) Goodman Mo

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

MOTHER 15. MAIDEN NAME Myrtle Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Jessie Harris Goodman Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Howard Cemetery DATE 12-3-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Williams Goodman Mo

20. FILED 12-1-39 19.39 Orval A. Salmond Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1939 to Dec 1 1939
 I last saw him alive on Dec 1 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Fracture 2nd and 3rd ribs and 5th cervical vertebrae
Fracture right skull
 Date of onset

Other contributory causes of importance:
Auto accident Highway 71 at McPherson and Newton, Berens, June

Name of operation None Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Nov 30 1939
 Where did injury occur? Highway #71 near Rockwell Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Auto struck
 Nature of injury Fracture Neck & Skull

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Orval A. Salmond M. D.
 (Address) Peashe Mo

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.

50M-1-12-38 I X14028

RECEIVED

District in Officer No. 6;

Case No. 140-217

Case filed JAN 12 1940

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

Marion Williams

Registered Apprentice No.

234

, working under my personal supervision.

Signed

J. E. Bigham

Licensed Embalmer No.

2689

P. O. Address

Wash DC

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.