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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7431

Registration District No. 566 Primary Registration District No. 5762 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Wyatt, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 mi. N.W. of Wyatt
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 1 mo. 22 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Wyatt
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi. N.W. of Wyatt
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Charles W. Harris

3. (b) If veteran, name war X X X

3. (c) Social Security No. X X

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced X X X

6. (b) Name of husband or wife X X X

6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased Jan. (Month) 2 (Day) 1940 (Year)

8. AGE: Years 0 Months 1 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Wyatt (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant

11. Industry or business X X X X

FATHER
12. Name Stanley Harris
13. Birthplace Benton (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Willie Mae Moore
15. Birthplace Liberty (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Stanley Harris
(b) Address Box 694 Wyatt, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Charleston

18. (a) Signature of funeral director John P. Runnels
(b) Address Charleston, Mo.

19. (a) 2-26-40 (Date received local registrar) J. S. Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th. year 1940 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from 2/22/40, 19__, to 2/22/40, 19__; that I last saw him alive on 2/22, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital Syphilis	Birth
Due to	
Due to 34	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature E. Olive Lolving (M. D. or other) 1
Address Charleston Mo Date signed 2/24/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 540-66
Date Filed 3/5/40

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.