

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. **103**

Primary Registration District No. **5161**

Registrar's No. **8**

1. PLACE OF DEATH: **SAHAWAY Mo.**  
 (a) County: **SAHAWAY Mo.**  
 (b) City or town: **TEHNETTS**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community: **70 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: **MISSOURI** (b) County: **SAHAWAY**  
 (c) City or town: **TEHNETTS**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.:  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.:

8. (a) PRINT FULL NAME: **HOMER A. HARRIS 620**  
 8. (b) If veteran, name war:  
 8. (c) Social Security No.:

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **6<sup>th</sup>** day **March**  
 year **1940** hour **6** minute **36 P.** M.  
 21. I hereby certify that I attended the deceased from **Mar 6,**  
 1940, to **Mar 6,** 1940  
 that I last saw him **dead** on **Mar 6,** 1940  
 and that death occurred on the date and hour stated above.

4. Sex: **MALE** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **MARRIED**  
 6. (b) Name of husband or wife: **EDNA (BEAVER) HARRIS** 6. (c) Age of husband or wife if alive: **60 years**  
 7. Birth date of deceased: **July 26 1870**  
 (Month) (Day) (Year)

Immediate cause of death: **Acute Indigestion**  
**Sudden Heart Attack** ✓  
 Duration

8. AGE: Years **69** Months **8** Days **20**  
 If less than one day hr. min.

Due to:  
 Due to:

9. Birthplace: **Pike County Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation: **AWYER**

11. Industry or business:  
 MOTHER FATHER { 12. Name: **HILBERY HARRIS**  
 13. Birthplace: **KENTUCKY**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: **JOSEPHINE ABBISON**  
 15. Birthplace: **KENTUCKY**  
 (City, town, or county) (State or foreign country)

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.

16. (a) Informant's own signature: **G. A. Harris**  
 (b) Address: **Tehnets, Mo.**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence

17. (a) **BURIAL** (b) Date thereof: **3-8-1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: **Tehnets, Mo.**

(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?

18. (a) Signature of funeral director: **Glen G. Maupin**  
 (b) Address: **700 Court Fulton, Mo.**

While at work? (Specify type of place) (c) Means of injury:  
 23. Signature: **J. W. Holman, coroner**  
 (M. D. or other)

19. (a) **3-8-1940** (b) **W. H. Williamson**  
 (Date received local registrar) (Registrar's signature)

Address: **8-F-84 ST. FULTON, Mo.** Date signed

115c

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.....

*John D. Batchelder*....., Registered Apprentice No. *192*  
working under my personal supervision.

Signed.....

*Glen G. Maupin*  
Licensed Embalmer No. *2725*

P. O. Address *Fulton, Mo.*

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10488  
Registrar's No. 8

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 105-

Primary Registration District No. 2161

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

1. PLACE OF DEATH

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

3. (a) PRINT FULL NAME Homer A Harris

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years 69 Months 7 Days 20 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death acute indigestion  
sudden heart attack  
further evidence unobtainable

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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

Duration \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature J. W. Helman coroner  
Address Gulton, Mo Date signed \_\_\_\_\_

SUPPLEMENTAL

S-10488 1940