

Registration No. **735**

Primary Registration District No. **5970**

Registrar's No. **101**

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

**1. PLACE OF DEATH:**

(a) County Randolph

(b) City or town Sugar Creek Township  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Minnie Mae Harris

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

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

6. (b) Name of husband or wife Robert S. Harris 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 6 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>1</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) Mo. 6

10. Usual occupation at home

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

**MOTHER FATHER**

12. Name Frank T. Rais

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

14. Maiden name Susanne S. Scott

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

16. (a) Informant Miss Mildred Harris

(b) Address Roberty Mrs

17. (a) Burial (b) Date thereof May 10 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Mohau and Son 925  
Roberty Mrs (Specify type of place) (c) Means of injury \_\_\_\_\_

19. (a) 03410-40 (b) Paul Williams  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Randolph

(c) City or town Sugar Creek Township  
(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 May day 8th  
year 1940 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 6, 1940, to May 8, 1940  
that I last saw her alive on March 6, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Sudden  
Duration \_\_\_\_\_

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

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

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) (e) Means of injury \_\_\_\_\_

23. Signature W. H. Williams (M. D. or other) \_\_\_\_\_  
Address Roberty Mrs Date signed 7/10/40

RECEIVED

District Health Officer No. 10

District File Number 6-40-1164

Date Filed JUN 10 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Frank D. Kett*

Licensed Embalmer No. 3021

P. O. Address Moberly

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.