DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19432

Registration District No. 772 | Primary Registration District No. 6024C | Registrar's No. 949

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Elvins (If outside city or town limits, write "RURAL" and name of township) Rural
(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 9 (Specify whether years, months or days)
In this community 6-0

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Francois
(c) City or town Elvins Rural (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.

3. (a) PRINT FULL NAME Dallas 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 Married
6. (b) Name of husband or wife Lillie Harris
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 17th 1876 (Month) (Day) (Year)

8. AGE: Years 63 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace near Elvins Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Henry Harris
13. Birthplace near Elvins Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda Burns
15. Birthplace Iron co Mo (City, town, or country) (State or foreign country)
16. (a) ~~Informant's own signature~~ Lillie Harris
(b) Address Elvins Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-3-40 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River
19. (a) 4-3-40 (Date received local registrar) (b) C B Farris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day April year 1940 hour 4.30 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 3rd, 1939 to April 1st, 1940, that I last saw him alive on April 1st, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the nasal sinuses	unknown
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)
While at work? (e) Means of injury

23. Signature J. L. Marpeiter (M. D. or other) MD
Address Flat River, Mo Date signed 4-6-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 wi the above constitutes grounds for revocation of license.)

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