S. No. 2
—11-10-39
5-17-39
I X21492

7

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19668

Registration District No. 749 Primary Registration District No. 6043 Registrar's No. 28

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Rural Clay Twp
(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: Mo (b) County: Saline
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Sliter R F D #2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Melissa Ann 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~~: W B Harris
6. (c) Age of husband ~~or wife if alive~~: 93 years
7. Birth date of deceased: May 24 1854 (Month) (Day) (Year)
8. AGE: Years 86 Months 0 Days 21 If less than one day ... hr. ... min.
9. Birthplace: Sweet Springs Mo (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: —
12. Name (Father): A P Harris
13. Birthplace (Father): Don't know (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Elizabeth Avery
15. Birthplace (Mother): Don't know (City, town, or county) (State or foreign country)
16. (a) Informant: Lester Harris
(b) Address: Glasgow Mo
17. (a) (Burial, cremation, or removal) May 30-46 (b) Date thereof (Month) (Day) (Year) May 30 46
(c) Place: burial or cremation: Fish Creek
18. (a) Signature of funeral director: Jones & Bazer
(b) Address: Slater Mo
19. (a) (Date received local registrar) June 1 (b) (Registrar's signature) W. M. Little

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 29 day May 29 year 1940 hour 11 minute 50 A. M.
21. I hereby certify that I attended the deceased from April 20th, 1940 to May 29th, 1940 that I last saw her alive on May 29th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplectic attack — 24 hrs before — Duration: 1 day
Due to: Cardio-Vascular-with hypertention
Due to: infirmities of age —
Other conditions (Include pregnancy within 3 months of death): None
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: —
Signature: R H Nuckles (M. D. or other) 3.00
Address: Slater Date signed June 1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 6-12-40
Date Filed

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 J. E. Jones

Licensed Embalmer No. 3143

P. O. Address Slater, 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.