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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 14 1940

Registration District No. 79

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24580

Primary Registration District No. 5116

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County: Boone Co

(b) City or town: Rural - Bourbon 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: 2 (Specify whether years, months or days)
In this community: all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: BOONE

(c) City or town: g
(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: HARRY HARRIS 620

3. (b) If veteran, name war: No

3. (c) Social Security No.: NONE

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of ~~husband~~ or wife: FRANCIS

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

7. Birth date of deceased: July (Month) 13 (Day) 1882 (Year)

8. AGE: Years 57 | Months 11 | Days 25 | If less than one day: hr. min.

9. Birthplace: Sturgeon (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: 1

FATHER
12. Name: A. J. Harris
13. Birthplace: (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name: Sallie E. HERSMAN
15. Birthplace: (City, town, or county) Ky (State or foreign country)

16. (a) Informant: Lucas Harris
(b) Address: Sturgeon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July - 10 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Horeb

18. (a) Signature of funeral director: Barnes & Booth
(b) Address: Sturgeon, Mo.

19. (a) July 9 - 1940 (Date received by local registrar) (b) A.E. Booth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1940 hour 9 minute P.M.

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

	Duration
Immediate cause of death: Cerebral Hemorrage	
Due to: Hypertension 260 - 160	
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?
While at work? (Specify type of place) (e) Means of injury:

23. Signature: Joseph H Tomi (M. D. or other) D.O.
Address: Sturgeon, Mo. Date signed: July 9, 1940

(Licensed Embalmer's Statement on Reverse Side)

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.....G E Booth.....

Licensed Embalmer No.....4087.....

P. O. Address.....Sturgeon, 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.