

NO. 1-10-39
-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State ID No. 24887

Registration District No. 184 Primary Registration District No. 5255 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Rural, Linley Twp
(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 None
In this community 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Jefferson Harris
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret Payne Harris 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased April 25 - 1855 (Month) (Day) (Year)

8. AGE: Years 85 - Months 16 Days hr. min.

9. Birthplace Springfield, MO. (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business at home

MOTHER FATHER { 12. Name Thomas Jefferson Harris
18. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Richard Harris
(b) Address Ozark, Mo. # 2

17. (a) Burial (b) Date thereof 5/13/40 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director J. C. Clapper
(b) Address Ozark, Mo.

19. (a) June 10, 1940 (b) Loretta Leonard (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Christian
(c) City or town Ozark, Mo. "Rural"
(d) Street No. 2 Mi. N. Ozark, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

20. DATE OF DEATH: Month May day 11th year 1940 hour 10 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 1, 1937, to May 10, 1940, that I last saw him alive on May 10, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial degeneration
Due to...

Due to...
Other conditions Chronic Bronchitis (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underlines 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? 170 (Specify type of place) While at work? (e) Means of injury 3
23. Signature R. E. Mitchem (Mr. D. or other) De
Address Ozark, Mo Date signed 5/20/40

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

RECEIVED

District Health Officer No. 6,

District File Number 840-2493

Date Filed AUG 20 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.....

Forest Klepper, Registered Apprentice No. 143
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2178

P. O. Address Bark, 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.