

SEP 18 1940

Registration District No. 377

Primary Registration District No. 4294

Registrar's No. 5553A

1. PLACE OF DEATH:

(a) County Jackson Prairie Twp
(b) City or town Greenwood Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home 3 mi East 3/4 north
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Greenwood RRI
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles East 3/4 north
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Oscar Lee Harris
6-30
(b) If veteran, name war no (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1940 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 3, 1940 to Aug 8, 1940
that I last saw him alive on Aug 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration 5 days

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Hicklin Harris
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. 8 - 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 0
If less than one day hr. _____ min.

9. Birthplace Bates County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farm

11. Industry or business Farm

MOTHER FATHER
12. Name S. B. Harris
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Patricia Webb
15. Birthplace Oak Grove Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. N. B. Langford
(b) Address Lee's Summit Mo

17. (a) Burial (b) Date thereof Aug-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Mo

18. (a) Signature of funeral director N. B. Langford
(b) Address Lee's Summit Mo

19. (a) _____ (b) Mr. Walter Hayes
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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? _____
359 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature A. Murray M.D.
Address Pleasant Hill Mo Date signed 8/9/40

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

8

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

W. B. Langsford

Licensed Embalmer No. *3833*

P. O. Address *Lee's Summit, 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.