

Registration District No. **748-5982**

Primary Registration District No. **748-5982** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town DeSoto  
(If outside city or town limits, write "RURAL")

(d) Street No. 804 South Second  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Harris 670

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sadie Neiderick

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 10, 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	6	8	hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Michael F. Harris

18. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Buckley

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Aggie Riggs

(b) Address 804 S. 2nd - DeSoto - Mo

17. (a) Burial (b) Date thereof Aug 20, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto Mo.

19. (a) Aug 18 (b) Essie Evans  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17  
year 1940 hour ? minute ? M.

21. I hereby certify that I attended the deceased from Covered for 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death found dead on porch - covered for report of death for  
Due to Natural Causes

Due to \_\_\_\_\_

Other conditions. 100% DW  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature W.R. Stovard (M.D. or other) S  
Address Ellington acting corner Date signed 8-20

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 940961

Date Filed \_\_\_\_\_

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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. L. Mochus*

Licensed Embalmer No.

2521

P. O. Address

Osato NW

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.