

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1940
Registration District No. 40

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31323
Registrar's No. 46

Primary Registration District No. 4024

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

6. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(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) 20
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 46 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar
(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 Thomas Newton Harris
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 11th, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 0 hr. 0 min.

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

10. Usual occupation Workman

11. Industry or business Railroad Car shops

MOTHER FATHER { 12. Name Francis Harris
13. Birthplace Moone CO., MO.
(City, town, or county) (State or foreign country)
14. Maiden name Missouri Belcher
15. Birthplace Columbia, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant John Harris
(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 9-13th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) Sept-13-40 (b) Mrs Josephine Mynath
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11th
year 1940 hour 9 minute 0 p. 0 M.

21. I hereby certify that I attended the deceased from Aug-29
1940 to Sept 11, 1940
that I last saw him alive on Sept 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Artero. Sclerosis

Due to _____

Other conditions. (Include pregnancy within 3 months of death) g d w

Major findings: Of operations _____

Of autopsy _____

Duration
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? _____

40 (Specify type of place) (e) Means of injury _____

23. Signature E. E. Duckell (M. D. or other) M.D.
Address Lamar, Mo. Date signed Sept 12
1940

RECEIVED

District Health Officer No. 6,

District File Number 1840-2660

Date Filed APR 7 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

H. W. Power

Licensed Embalmer No.

3141

P. O. Address

Lamar, 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, fact should be so stated above.