

Registration District No. 238

Primary Registration District No. 5325

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade
 (b) City or town Greenfield, Mo. Route 2
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Ernest Twsp
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Many years. (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME Jennie Harris

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John L. Harris 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. 10, 1870
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>27</u>	hr. _____ min.

9. Birthplace Greenfield, MO. Route 10
 (City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business _____

MOTHER FATHER { 12. Name Baptist Freedle
 13. Birthplace Tennessee.
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mathier Devine
 15. Birthplace Tennessee.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John L Harris

(b) Address Greenfield Mo. R. 2.

17. (a) Burial (b) Date thereof Feb. 8, 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carr's Chapple

18. (a) Signature of funeral director J. W. Ward 2/5

(b) Address Greenfield Mo. 2/5

19. (a) 2-9-40 (b) J. A. [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
 (c) City or town Greenfield, Mo. Route 2
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 7, day _____
 year 1940 hour 9 minute 9 A. M.

21. I hereby certify that I attended the deceased from Jan 27/40
 _____, 1940, to Jan 30 1940,
 that I last saw her alive on Jan 30, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar
Complicating

Duration 2/3/40

Due to Cerebral Hemorrhage 1/25/40

Due to Arteriosclerosis general 1930

Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
108

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 J. W. [Signature] (M. D. or other) _____
 Address Greenfield Mo Date signed 2/5/40

N. B.—Every item of information should be carefully supplied. 'AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. W. Ward*

Licensed Embalmer No..... *2832*

P. O. Address..... *Greenfield, 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.