

NOV 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35136

State File No. _____

Registration District No. 218

Primary Registration District No. 4131

Registrar's No. 112

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BLACKWATER
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 YEARS
years, months or days)

3. (a) PRINT FULL NAME HEZEKIAH K. HARRIS

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife DORA DIAL HARRIS 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased SEPTEMBER 7 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 11 hr. _____ min.

9. Birthplace PETTIS COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED POSTAL EMPLOYEE 4

11. Industry or business POSTMASTER 9

12. Name WILLIAM HARRIS

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant MRS DORA HARRIS

(b) Address BLACKWATER MISSOURI

17. (a) BURIAL (b) Date thereof OCT. 19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALT FORK CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO

19. (a) 10-19-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town BLACKWATER
(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 OCTOBER day 18th
year 1940 hour 12:20 minute _____ a.M.

21. I hereby certify that I attended the deceased from Sept. 5
1940 to Oct. 18, 1940
that I last saw him alive on Oct 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to [Signature]

Due to _____

Other conditions Pneumonia
(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? 107

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature [Signature] (M. D. or other) D.O.

Address Blackwater, Mo Date signed Oct 19-40

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-6-40

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 *James W. Stegner*
Licensed Embalmer No. *3780*

P. O. Address *Boonville, 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.