

NOV 2 1940
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 297

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: ST ELIZABETH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 304 (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Herry R. Harris

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josie 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 8. 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel G. Harris
13. Birthplace Kan (City, town, or county) (State or foreign country)
14. Maiden name Margaret Johnson
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Josie Harris

(b) Address 1220 Lindell Ave Hannibal Mo

17. (a) Burial (b) Date thereof Oct 12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Oliver's Cem.

18. (a) Signature of funeral director Jessie Odell

(b) Address Hannibal Mo

19. (a) Oct 14 '40 (b) J. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 Lindell Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1940 hour _____ minute 11:45 AM.

21. I hereby certify that I attended the deceased from Jan 1939 to Oct 10, 1940
that I last saw him alive on Oct 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to Chronic myocarditis

Other conditions _____ (Include pregnancy within 3 months of death) 94W

Major findings: Of operations none Of autopsy none
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? Yes
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. C. Fisher (M. D. or other) _____
Address 1220 Lindell Ave Date signed 10-11-40

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.