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NOV 21 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36173

Registration District No. 731

Primary Registration District No. 0973

Registrar's No. 12

1. PLACE OF DEATH:

(a) County RANDOLPH. Salinas Co. Mo.

(b) City or town ROANOKE-MO RURAL  
(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 20  
(Specify whether)

In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RANDOLPH.

(c) City or town ROANOKE. MO-RURAL  
(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 JOHN. A. HARRIS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11<sup>th</sup>  
year 1940 hour one minute 45 AM

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  
(Day) (Year)

7. Birth date of deceased DEC 24 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 5<sup>th</sup>  
1940 to Oct 11 1940  
that I last saw him alive on Oct 10 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

69 9 18 hr. min.

Immediate cause of death Cerebral thrombosis of 12 hours

Duration \_\_\_\_\_

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

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

Due to 46

10. Usual occupation FARMING

Other conditions Hematemesis 10/10/40  
(Include pregnancy within 3 months of death)

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

MOTHER FATHER { 12. Name GEORGE. HARRIS

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

14. Maiden name JARAH BAEKUS

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant RAY. BESS GROVE

(b) Address ARMSTRONG MO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) BURIAL (b) Date thereof 10-12-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation ST. JOSEPH. MO

18. (e) Signature of funeral director A. H. Eldaker

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

(b) Address Armstrong MO

19. (a) Oct 12-40 (b) A. Bradsher  
(Date received local registrar) (Registrar's signature)

23. Signature W. M. Anderson (M. D. certifier)  
Address Armstrong MO Date signed 10/11/40

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2129

Date Filed NOV 13 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

*A. H. Oldaker*

Licensed Embalmer No.

1667

P. O. Address

*Armstrong, M.*

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.