S. No. 2
—11-10-39
5-17-39
I X21492

7

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38851

Registration District No. 218 Primary Registration District No. 4131 Registrar's No. 124

FILED DEC 11 1940

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 years, months or days) In this community LIFE

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) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOSEPH HARRIS
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife SARAH DAVIS HARRIS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 18 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
65	7	0	hr. min.

9. Birthplace SALINE COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation LABORER
11. Industry or business FARM
MOTHER FATHER
12. Name HAL HARRIS
13. Birthplace SALINE COUNTY (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name JANE BINGHAM
15. Birthplace SALINE COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS HATTIE PARISH
(b) Address KANSAS CITY MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 24 1940 (Month) (Day) (Year)
(c) Place: burial or cremation NELSON, MO.
18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.
19. (a) 11-22-40 (Date received local registrar) (b) D. E. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 18th year 1940 hour 11 minute a.M.
21. I hereby certify that I attended the deceased from Nov. 15, 1940 to Nov. 18, 1940 that I last saw him alive on Nov. 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arterial Hypertension	
Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature J. W. Hurst (M. ~~D. or other~~) D.O.
Address Blackwater Mo Date signed Nov 21-40

(Licensed Embalmer's Statement on Reverse Side)

Dr Hurst

RECEIVED
District Health Officer No. 8,
District File Number 12-9-40
Date Filed

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.