

Registration District No. 441

Primary Registration District No. 4259

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina
(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 53 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Knox

(c) City or town Edina
(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 David Harris

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Rome N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name King Harris

13. Birthplace uk N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Walthy Woodward

15. Birthplace uk N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Woodward

(b) Address Edina Mo.

17. (a) Burial (b) Date thereof Dec-1-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Locust Hill, Mo.

18. (a) Signature of funeral director Kathy Hudson

(b) Address Edina Mo.

19. (a) Dec 1 1940 (b) Mrs. C.M. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 29
1940 to Nov. 30, 1940

that I last saw him alive on Nov. 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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?

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

23. Signature M. E. Luman (M. D. or other) _____

Address Edina Mo Date signed Nov 30/40

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.