No. 2
-13-40
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1941

Registration District No. 204

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3013

State File No. 42195

Registrar's No. 47

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

1. PLACE OF DEATH:
(a) County: Clinton
(b) City or town: Cameron
(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: no (Specify whether
In this community: 65 yrs. 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clinton
(c) City or town: Cameron
(If outside city or town limits, write "RURAL")
(d) Street No.: West 3rd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: George Smith Harris

3. (b) If veteran, name war: ✓

3. (c) Social Security No. 500-07-8106

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: widower

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Mch (Month) 27 (Day) 1875 (Year)

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

9. Birthplace: Perry (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Retired Mechanic

11. Industry or business: Farmer

FATHER
12. Name: Overton S. Harris
13. Birthplace: Clay Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Susan Griffith
15. Birthplace: Clay Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Geo. A. Harris
(b) Address: Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Buena Vista, Mo

18. (a) Signature of funeral director: Toland Funeral Home
(b) Address: Cameron, Mo

19. (a) 12/5/1940 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1940 hour 10:00 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 2, 1940 to Dec 13, 1940 that I last saw him alive on Dec 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Edema
Fibrosis of lungs
Degree burns and
Due to: Septicemia Pneumonia
Pulmonary Thrombosis
Due to: Congestion

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

Major findings:
Of operations: 15
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): accident burns
(b) Date of occurrence: Dec 2 1940
(c) Where did injury occur? Cameron Clinton Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Dry home
While at work: Sleep (Specify type of place) (e) Means of injury: fire

23. Signature: M. L. Gellrich (M. D. or other)
Address: Cameron Mo Date signed 12/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Scott Huckshorn

Licensed Embalmer No. 4092

P. O. Address Cameron, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.