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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43819

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 2470

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town KIRKWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 549 E. ARGONNE DR.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 7 YRS (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town KIRKWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. 549 E. ARGONNE DR.
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME JORDAN THOMAS HARRIS

3. (b) If veteran, name war No.

3. (c) Social Security No. NONE

4. Sex MALE 1 | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IDA ELLEN HARRIS

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased DECEMBER-18-1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	—	10	— hr. — min.

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

10. Usual occupation FARMER 0

11. Industry or business — 0

FATHER
12. Name JOHN HARRIS 0
13. Birthplace ATHENS-Co. (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name MARTHA JANE DILLE
15. Birthplace ATHENS Co. (City, town, or county) OHIO (State or foreign country)

16. (a) Informant Nellie L. Rau
(b) Address 549 E ARGONNE DR. KIRKWOOD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-30-1940 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Funeral Co
(b) Address WEBSTER GROVES, MO.

19. (a) DEC 29 1940 (Date received local registrar) (b) C. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th year 1940 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from Dec 26, 1940 to Dec 28, 1940 that I last saw him alive on Dec 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza — Duration 4 days.

Due to Influenza.

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No.

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 Dec 2
(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 Irene W. Blanchard (M. D. or other)
Address Webster Groves Mo. Date signed Dec 28 1940

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 1944

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 Orin B Lang

Licensed Embalmer No. 1581

P. O. Address Webster Groves

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.