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State File No.

REGISTERED FEB 17, 1941
Registration District No. 478

Primary Registration District No. 5633

Registrar's No. 15-

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon Mo.
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Lawrence

(c) City or town Mt. Vernon Mo.
(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.? 0 years.

3. (a) PRINT FULL NAME Henry Harris

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

3. (c) Social Security No. none

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

7. Birth date of deceased 6-24-1881
(Month) (Day) (Year)

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

59 7 7 hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Spannel Harris

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

14. Maiden name Janak Richardson

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

16. (a) Informant Mrs. Eva Harris

(b) Address Miller Mo.

17. (a) Burial (b) Date thereof 2-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Moynis - Tuman

(b) Address Miller Mo.

19. (a) 1-31-1941 (b) P.A. HOLMES
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1941 hour 3 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 19
_____, 1941 to Jan. 31, 1941;
that I last saw him alive on Jan. 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension

Due to _____

Other conditions JAUN
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

421
While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature P.A. HOLMES (M. D. or other) 0
Address Mt. Vernon Mo. Date signed _____

55
0
0

Duration
3 days
unk

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6j

District No. 141-217

Date filed FEB 7 1911

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.....

L. R. Luman

Licensed Embalmer No.

3297

P. O. Address.....

Miller 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, fact should be so stated above.