

4-13-40
5-17-39
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MAR 11 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 38

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALLAWAY HOSPITAL (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 HOURS
(Specify whether
In this community 2 HOURS
years, months or days)

3. (a) PRINT FULL NAME GLEN EDWARD HARRIS

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NO 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased FEB 9 1941
(Month) (Day) (Year)

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

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

10. Usual occupation NONE

11. Industry or business NONE

12. Name GLEN HARRIS

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

14. Maiden name VIRGINIA KIMBELL

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

16. (a) Informant Glen Harris

(b) Address Fulton, Mo.

17. (a) BURIAL (b) Date thereof FEB. 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PRAIRIE CHAPEL

18. (a) Signature of funeral director Leo Wallace

(b) Address Fulton, Mo.

19. (a) FEB 10, 1941 (b) R. M. Cross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14
(c) City or town FULTON 1
(If outside city or town limits, write "RURAL")
(d) Street No. 201 SYCMORE 2
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 9, 1941, to Feb. 9, 1941;
that I last saw him alive on Feb. 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia of New Born 1 hr
Due to Prematurity. (6 wks)

Due to —
Other conditions 154
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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? 156

While at work? (Specify type of place) (e) Means of injury —
23. Signature John J. Brown (M. D. or other) —
Address Fulton, Mo. Date signed —

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

MOTHER FATHER

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 O. Mudd*
Licensed Embalmer No. *4152*
P. O. Address *Fulton, 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.