

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution 721 East High 1
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County Greene
(c) City or town Springfield
(d) Street No. 721 East High 1
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) DECEASED'S FULL NAME HENRY - LESTER HARRIS JR.
3. (b) If veteran, name was Infant
3. (c) Social Security No. none
4. Sex Male Color white
5. (a) Single, widowed, married, divorced, or separated Infant
6. (b) Name of husband or wife Infant
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Feb 22 1941
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 25
year 1941 hour 3:30 minute A. M.
21. I hereby certify that I attended the deceased from 2-24-1941 to 2-25-1941
that I last saw him alive on Feb 25 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 0 Days 3
If less than one day hr. min.

Immediate cause of death: Uremia, Resistant due to Acute Nephritis N.M.D.
Due to _____
Duration _____

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

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

10. Usual occupation _____

11. Industry or business _____

12. Name Henry Lester Harris
13. Birthplace Unknown, Missouri
(City, town or county) (State or foreign country)

14. Maiden name _____
15. Birthplace Unknown, Missouri
(City, town or county) (State or foreign country)

16. (a) Informant Henry Lester Harris
(b) Address 721 E High Springfield, Mo.

17. (a) _____ (b) Date of record Feb 25 1941
(Month) (Day) (Year)

(c) Place of burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed 2-25-41

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

39
2
6

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.