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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7224

**WED MAR 17 1941**

Registration District No. 708

Primary Registration District No. 3020

Registrar's No. 41

19  
1  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: McCune Brooks Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Four Days  
(Specify whether years, months or days)  
 In this community Three years

**3. (a) PRINT FULL NAME** William David HARRIS

**3. (b) If veteran, name war** NONE **3. (c) Social Security No.** NONE

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Martin Alma **6. (c) Age of husband or wife if alive** Unknown years  
**7. Birth date of deceased** April 19 1890  
(Month) (Day) (Year)

**8. AGE:** Years 50 Months 11 Days 4 If less than one day — hr. — min.

**9. Birthplace** Muskogee Okla.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Farmer

**11. Industry or business** None

**12. Name** Mr Albert Harris

**13. Birthplace** Unknown Missouri  
(City, town, or county) (State or foreign country)

**14. Maiden name** Margaret Hendrix

**15. Birthplace** Unknown Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mr Martin A Harris

**(b) Address** R# 3, Carthage Missouri

**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof** Feb 25, 1941  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Dudman Cemetery

**18. (a) Signature of funeral director** Arnold Mortuary

**(b) Address** Carthage Mo

**19. (a) Date received local registrar** Feb 25, 1941 **(b) Registrar's signature** E. J. McEntire, M.D.

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper  
 (c) City or town Rural Carthage  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R# 3  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. 1 years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb day 23 year 1941 hour 12 minute 35 P.M.

**21. I hereby certify that I attended the deceased from** Feb. 18, 1941, to Feb. 23, 1941; that I last saw him alive on Feb. 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure Duration 3 days

Due to Acute glomerular nephritis (exacerbation)

Due to Chronic nephritis

Other conditions 1318  
(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? At home  
(Specify type of place)

**23. Signature** Charles L. Schell (M. D. or other) Physician

**Address** Jasper, Mo. Date signed 2/24/41

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**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

*John D. Patchelder*

Licensed Embalmer No. 4153

P. O. Address Parthage 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, above space should be left blank.**