

APR 9 1941

Registration District No. 203

Registrar's No. 10

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

**1. PLACE OF DEATH:**  
 (a) County Benton County  
 (b) City or town Shelton Township  
 (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 Life years, months or days

**3. (a) PRINT FULL NAME** Jessie Claude Harris  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race wh 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 Aug 2 1904  
 (Month) (Day) (Year)

**8. AGE:** Years 36 Months 7 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Thos S. Harris

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

14. Maiden name \_\_\_\_\_

15. Birthplace Benton Co Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant H. P. Stephens

(b) Address Harsaw Mo

17. (a) burial (b) Date thereof 3-7-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical White - Rising

18. (a) Signature of funeral director Thos S. Harris

(b) Address Harsaw Mo

19. (a) 3/4/41 (b) Jno. A. Logan  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Benton  
 (c) City or town Shelton Township  
 (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. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Aug 3 day 3  
 year 1941 hour 7 minute a.m.  
 21. I hereby certify that I attended the deceased from Aug  
1935 to 3-3-1941  
 that I last saw him alive on 3-3- 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral meningitis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions none  
 (Include pregnancy within 3 months of death)  
 Major findings: none  
 Of operations \_\_\_\_\_  
 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?  
65 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Manner of injury \_\_\_\_\_  
 23. Signature W. H. Hunt (M. D. or other) \_\_\_\_\_  
 Address Harsaw Mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 7,

District File Number 4-41-576

Date Filed 4-3-41

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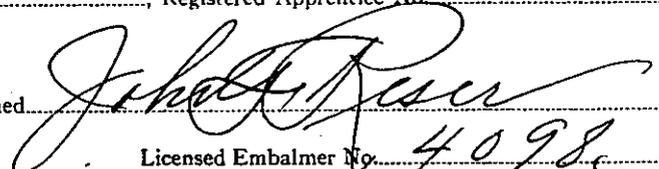
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 4098

P. O. Address Warsaw, 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.