

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County **COOPER**
 (b) City or town **BOONVILLE**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
SYCAMORE STREET /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community **LIVE**
 years, months or days

3. (a) PRINT FULL NAME **FRANK HARRIS**
 3. (b) If veteran, name war **NONE**
 3. (c) Social Security No. _____

4. Sex **MALE** 2
 5. Color or race **NEGRO**
 6. (a) Single, widowed, married, divorced / **MARRIED**

6. (b) Name of husband or wife **Fannie Harris**
 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **APRIL 13 1863**
 (Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **13**
 If less than one day hr. _____ min. _____

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

10. Usual occupation **RETIRED**

11. Industry or business **RAILROAD EMPLOYEE**

12. Name **UNKNOWN**

18. Birthplace **UNKNOWN** or county) (State or foreign country)

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

16. (a) Informant **GERTRUDE HARRIS**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **MAY 28 1941**
 (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO.**

19. (a) **5-28-41** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER** 27
 (c) City or town **BOONVILLE**
 (If outside city or town limits write "RURAL") 2
 (d) Street No. **SYCAMORE STREET**
 (If rural, give location) C
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **"26"**
 year **1941** hour **3.55** minute _____ a. M.

21. I hereby certify that I attended the deceased from **May 6 1941** to **May 26 1941**
 that I last saw him alive on **May 26 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** 1 day

Due to **Hypertension** 2

Due to _____ 7 26

Other conditions **myocarditis**
 (Include pregnancy within 5 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? _____

While at work? **1941** (Specify type of place) (e) Means of injury _____

23. Signature **J. C. Brackett, M.D.** (Att. D. or other) _____
 Address **Boonville, mo** Date signed **5-28-41**

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

Duration
 1 day
 2
 7
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-44

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 W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, T.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.