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7-39  
X28390

FILED JUN 12 1941

State File No. 18639

Registration District No. 668

Primary Registration District No. 3039

Registrar's No. 189

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 321 North Park  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Sterling 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 Mrs. Myrtle Harris  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 1, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 10 10 27 hr. min.

9. Birthplace Marshall, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name unknown  
13. Birthplace unknown 7 (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Harris (wife)

(b) Address 321 North Park, Sedalia, Mo.

17. (a) burial (b) Date thereof May 31, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Point near Clinton, Mo.

18. (a) Signature of funeral director Quiane Ewing

(b) Address Sedalia, Mo.

19. (a) 5/31/41 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1941 hour 7:30 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from May 18 1941 to May 28 1941  
that I last saw him alive on May 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 10 da.  
Due to Arterio Sclerosis Hypertension  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. W. Boyer  
Address Sedalia, Mo. Date signed 5/30/41

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed: 6-11-41

**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 E. Myers  
Licensed Embalmer No. 3220  
P. O. Address Sedalia, 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.**