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3-40
-39
X23159

Registration District No. 677 Primary Registration District No. 4403

1. PLACE OF DEATH
(a) County Phelps
(b) City or town Pella
(c) Name of hospital or institution: Meile, McFarland & McMenamin
(d) Length of stay: In hospital or institution 3 days
In this community 3 days

2. USUAL RESIDENCE OF DECEASED: Hamilton
(a) State Missouri (b) County Hamilton
(c) City or town St. Clair
(d) Street No.
(e) If foreign born, how long in U. S. A. 1 year.

3. (a) PRINT FULL NAME Harris, M. Johnston
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 13th
year 1941 hour 8:30 minute P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 16 years

21. I hereby certify that I attended the deceased from 5/10/41
1941 to 5/13/41
that I last saw him alive on 5/13/41
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months NONE Days 27
If less than one day hr. min.

Immediate cause of death
convulsion of the brain
and cut and crushed chest
from an automobile
accident
Due to him leaving controls of car
Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace Hillsboro MO
10. Usual occupation Farmer
11. Industry or business Farm
12. Name Yabea, J. Johnston
13. Birthplace Hillsboro MO
14. Maiden name Gribben Mauden
15. Birthplace Hillsboro MO

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

16. (a) Informant Clifford Huskey
(b) Address 1011 S. Broadway Pella
17. (a) Burial (b) Date thereof May 15 1941
(c) Place: burial or cremation Hillsboro Mo
18. (a) Signature of funeral director Donald B. Deter
(b) Address Pella Mo.
19. (a) May 15, 1941 (b) J. F. Ayers
(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) Accident
(b) Date of occurrence 5/10/41 0:29
(c) Where did injury occur near Salem Dent Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? On public highway auto-accident
23. Signature Philip Peterline
Address Pella Mo. Date signed 5/14/41

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

RECEIVED

District Health Officer No. 5,

District File Number 641.1736

Date Filed

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

Donnell B. Dietrich

Registered Apprentice No.

258

working under my personal supervision.

Signed

Donnell B. Dietrich

Licensed Embalmer No.

4104

P. O. Address

Desoto 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.