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FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19700-17402
State File No.

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 152

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 27 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. 709 COURT ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Wade Jackson Harris
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26
year 1941 hour 7 minute 05 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Nettie Baker
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr. 19 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 16, 1941, to May 26, 1941.
that I last saw him alive on May 25, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 1 Days 7
If less than one day hr. _____ min. _____

Immediate cause of death Broncho-Pneumonia 2 de

9. Birthplace Deerport Boone Co Mo
(City, town, or county) (State or foreign country)

Due to Cerebral Hemorrhage 5 de

10. Usual occupation Merchant

Due to Arteriosclerosis ?

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____

12. Name James Harris

Major findings: Of operations J.H.

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

Of autopsy _____

14. Maiden name Jac R 5077
(City, town, or county) (State or foreign country)

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant James Harris

(b) Address Fulton Mo.

17. (a) Burial (b) Date thereof May 27 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerport Boone Co

18. (a) Signature of funeral director Glen Y. Manser
(b) Address 700 Court Fulton, Mo.

19. (a) May 26, 1941 (b) R. N. Crews
(Date received by local registrar) (Registrar's signature)

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? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John T. Black (M. D. or other) D
Address Fulton Mo Date signed 5/26/41

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

MOTHER FATHER

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..... *Glen Y. Maupin*

Licensed Embalmer No. *2725*

P. O. Address..... *Fulton, Mo.*

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, fact should be so stated above.