

No. 2
12-40
17-39
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FILED JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21465

State File No. _____

Registration District No. 52055

Primary Registration District No. 5283

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Rural Atchison 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 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Clinton

(c) City or town Gowen - Rural
(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.

3. (a) PRINT FULL NAME John Calvin Harris

3. (b) If veteran, name war

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1941 hour 4 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1938, to 6-29-, 1941;

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Jeta

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct 26 1867
(Month) (Day) (Year)

that I last saw him alive on 6-26-, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

8. AGE: Years Months Days If less than one day

83 8 3 _____ hr. _____ min.

Duration _____

Due to _____

Due to _____

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

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

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Laborer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Mulenburg Harris

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Susan Lookey

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

16. (a) Informant Ira Anderson

(b) Address Plattsburg, Mo

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? 800

17. (a) Burial (b) Date thereof June 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cemetery

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director H. A. Sullens

(b) Address Gowen, Mo

19. (a) June 30-41 (b) Mrs J. C. Starks
Date received local registrar (Registrar's signature)

23. Signature J. C. Starks (M.D. or other) 1

Address Gowen, Mo Date signed 6-30-41

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

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, ~~and~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. A. Sullivan

Licensed Embalmer No.....

1738

P. O. Address.....

Lower, 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.