

Registration District No. 154

Primary Registration District No. 5220

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Peculiar Twp
(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 40 yr. (Specify whether)

In this community 40 yr. (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOSIE E HARRIS

8. (b) If veteran, name war. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased March 6, 1889 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Harpers Ferry West Va (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Jacob Carey
18. Birthplace Hagerstown Maryland (City, town, or county) (State or foreign country)
14. Maiden name Margaret West
15. Birthplace Boonboro Maryland (City, town, or county) (State or foreign country)

16. (a) Informant Habel E. Harris

(b) Address R. 2 Harrisville

17. (a) Burial (b) Date thereof 7/13/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO

19. (a) July 12, 1941 (b) J. S. Triplett (Registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 019

(c) City or town Harrisonville (Rural) 0 (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. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1941 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from June 15, 1940, to July 11, 1941, that I last saw her alive on July 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration

Due to

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?

While at work? (Specify type of place) (a) Means of injury

23. Signature J. S. Triplett (M. D. or other) Address Harrisonville, Mo Date signed 7-14-41

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

1900

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..... *Ernest R. Runnenburger*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville*

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, above space should be left blank.