

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29023

Registration District No. 653

Primary Registration District No. 5864

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Hayti Rural
(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 years, months or days)
 In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
 (c) City or town Hayti 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

Willie Franklin Harris

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Ruth B Harris

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased March 8, 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Farm Labourer

11. Industry or business

12. Name Frank Harris
 13. Birthplace Mississippi
 14. Maiden name Iida Jackson
 15. Birthplace Ecru Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Iida Harris

(b) Address Hayti, Mo

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

(c) Place: burial or cremation Cepherousley

18. (a) Signature of funeral director Herman Lind Co

(b) Address Steel, Mo

19. (a) 8/14/41 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
 year 1941 hour 4:50 minute P. M.

21. I hereby certify that I attended the deceased from 7-1
 _____, 1941 to 7-8, 1941

that I last saw him alive on 7-7 and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus 6 days
Duration

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) (e) Means of injury

23. Signature Asst. Dir. (M. D. or other) _____
 Address Hayti, Mo Date signed 7-8-41

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

78
00

9-41-22

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

William C. Shelton

Licensed Embalmer No.

3929

P. O. Address

Steel, Inc

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.

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Registrar's No.

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(b) City or town Hayte Rural
(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
In this community, years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie F. Harris

3. (b) If veteran, name war 3. (c) Social Security No.

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

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

7. Birth date of deceased. mar 8 1941
(Month) (Day) (Year)

8. AGE: Years 23 Months 3 Days 19 If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

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

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 7 Year 1941 Minute M.

21. I hereby certify that I attended the deceased from 19.....
that I last saw him/her alive on 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to Septicemia
caused in turn by
Septicemic Sore Throat
which entered body
due to a break in lip
where she pulled a
Other conditions believed
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy 12

Duration
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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

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

SUPPLEMENTARY

Hayte Mo

