

No. 2
1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 2 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29500

Registration District No. 1977 Primary Registration District No. 6040 Registrar's No. 489

1. PLACE OF DEATH:
(a) County Saline County
(b) City or town Rural Missouri
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 80 years (Specify whether years, months or days)
In this community 80 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Rural
(d) Street No. Wram Township
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Peter Roy Harris
(b) If veteran, name war 0
(c) Social Security No. 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 23 July
year 1941 hour 2 minute 55 M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of wife Margaret Harris (c) Age of wife if 78 years
7. Birth date of deceased: July 23, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15 to July 24, 1941, that I last saw him alive on July 24, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 0 Days 2 If less than one day hr. min.

Immediate cause of death Carcinoma lungs
myocardial & L. ventricle
Due to Ca of Lungs

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

Due to None
Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer
11. Industry or business Farmer
12. Name Stephen W. Harris
13. Birthplace Wigan Ohio
14. Maiden name Katherine Harris
15. Birthplace Wigan Ohio

Major findings: None
Of operations None
Of autopsy None
PHYSICIAN None
Underline the cause to which death should be charged statistically.

16. (a) Informant J. J. Harris
(b) Address Wigan Missouri
17. (a) Wigan Missouri (b) Date thereof 7-27-41
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial Wigan Missouri

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Slater
(b) Address Wigan Missouri
19. (a) July 26, 1941 (b) Harold Hale, Deputy
(Date received local registrar) (Registrar's signature)

While at work? None (Specify type of place)
(c) Means of injury None
23. Signature Slater (M. D. or other)
Address Wigan Missouri Date signed July 26, 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-26-41

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.