

FILED OCT 11 1941

State File No. _____

Registration District No. 125

Primary Registration District No. 30.0-15

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Pemiscot Cape Girardeau
(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Francis Hospital 00
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ten days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 16
(c) City or town Caruthersville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1303 Shady Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME James Harris

3. (b) If veteran, name war none
3. (c) Social Security No. 431-09-3913

4. Sex Male 2 5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased April 11, 1915
(Month) (Day) (Year)

8. AGE: Years 26 Months 5 Days 17
If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business Cotton Compress

12. Name Will Harris

13. Birthplace Unknown Miss. 1
(City, town, or county) (State or foreign country)

14. Maiden name Laura Craig

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

16. (a) Informant Robert Hare

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 9/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetary

18. (a) Signature of funeral director [Signature]

(b) Address Caruthersville, Mo.

19. (a) 10-1-41 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 28th,
year 1941 hour 9 minute 10 P. A. M.

21. I hereby certify that I attended the deceased from 9/19, 1941, to 9/28, 1941;
that I last saw him alive on 9/28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

INTestinal Obstruction
Due to Carcinoma of
Due to INTESTINES (SPUT)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H62

Of autopsy _____

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature [Signature] (M. D. or other) [Signature]
Address Cape Girardeau Date signed 9/30/41

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 Not/

Body was not embalmed, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, I

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.