

FILLED NOV 18 1941

Registration District No. 547 Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: Electric Light Plant, Front Street
(d) Length of stay: In hospital or institution.....
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(d) Street No. 1429 Park Ave.
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME

Orville Harris

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased June 10 1872
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>69</u> | <u>4</u> | <u>26</u> | hr. min. |

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name Press Harris

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

14. Maiden name Anderson

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

16. (a) Informant Mrs. Earl Copenhagen

(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof 11 7 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director J. M. ...

(b) Address Hannibal Mo.

19. (a) 11-7-41 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1941 hour 8 A.M. minute 5 M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Electric Shock

Due to.....

Due to.....

Other conditions 1648
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 11/5/41

(c) Where did injury occur? Hannibal, Marion, Missouri
(City or town) (County) (State)

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

Industrial Plant

While at work? Yes (Specify type of place) (e) Means of injury Electrocution

23. Signature W. C. Fisher (M.D. or other)

Address 902 Bedford Date signed 11/6/41

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

4
3
4

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

Harold O'Donnell

Licensed Embalmer No.

3859

P. O. Address

Harold O'Donnell

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.

in November 6, 1941

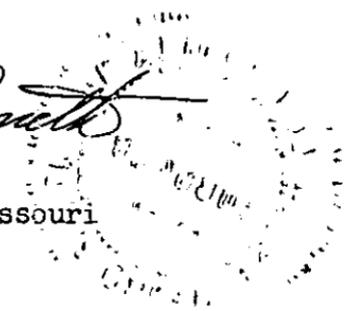
This is to certify that the Jury's verdict ,of the inquest over the body of Orville P.Harris, was;

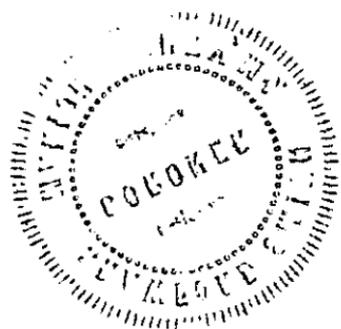
That the deceased came to his death from electric shock, by purposely coming in contact with high voltage electrical equipment at the City of Hannibal Missouri Light Plant.



Crawford Smith

Coroner Marion County Missouri





S-35504
1941