

2
4-41
-39
K26390

DEC 17 1941 582
Registration District No. 582

Primary Registration District No. 4344

State File No. _____

Registrar's No. 37

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town PARIS, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: N. WASHINGTON ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community LIFE years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

(c) City or town PARIS
(If outside city or town limits, write "RURAL")

(d) Street No. N. WASHINGTON ST.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME DELLA CORA HARRIS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1941 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov - 15 1941 to Nov. 15 1941 that I last saw her alive on Nov. 15 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race NEGRO

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

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

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased SEPT. 5, 1917
(Month) (Day) (Year)

Immediate cause of death acute myocardial failure N.H.

Due to chronic nephritis and valve leakage.

Due to _____

8. AGE: Years 24 Months 2 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name LOYD BEAUCHAMP

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

14. Maiden name ELLA KIPPER

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

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

Major findings: Of operations 131 f

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Isaiah Harris

(b) Address PARIS, Mo.

17. (a) BURIAL (b) Date thereof Nov. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

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

(b) Address PARIS, Mo.

19. (a) 11-16-41 (b) F. Q. Burnett, M.D.
(Date received local registrar) (Registrar's signature)

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? Paris, Monroe Mo
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Nellis S. Christman, M.D. Address PARIS, Mo Date signed 11-16-41

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

910

MAY 15 1946

RECEIVED

District Health Officer No. 10

District File Number 12-41-2173

Date Filed DEC 15 1941

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, Mo.

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.