DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 14 1942

Registration District No. 467

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4280

State File No. 42340

Registrar's No. 68

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Aurora (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Aurora Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: ~~Lawrence~~ Barry

(c) City or town: Rural. R.F.D. Crane (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: James Harold 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: Babe

6. (b) Name of husband or wife

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

7. Birth date of deceased: September 4, 1941 (Month) (Day) (Year)

8. AGE: Years | Months: 3 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Lawrence Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Lowell Harris

FATHER 13. Birthplace: Barry Co. (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name: Ethel Dorothy Rickman

MOTHER 15. Birthplace: Stone Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Lowell Harris

(b) Address: Crane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 14, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Crane Cemetery

18. (a) Signature of funeral director: Bradford Funeral Home

(b) Address: Marionville, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1941 hour 12:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 12, 1941, to Dec. 13, 1941; that I last saw him alive on Dec. 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	3 days
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Dr. Wayne M. Weaver (M. D. or other) D.O.

Address: Marionville, Mo. Date signed 12/13/41.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should RECORD CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied.

Form 39 Rev. X19511

RECEIVED
District Health Officer No. 6,
District File Number 142-96
Date Filed JAN 12 1942

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, above space should be left blank.

. S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42 348

Registration District No. 467 Primary Registration District No. 4280 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: R. F. D. Crane (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James H. Harris
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Sept (Month) 4 (Day) 1944 (Year)
8. AGE: Years | Months: 3 | Days: 8 | If less than one day: hr. min.
9. Birthplace: Lawrence County (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name: Lowell Harris
13. FATHER Birthplace: Barry County (City, town, or county) Mo (State or foreign country)
14. MOTHER Maiden name: Ethel Dorothy Rickman
15. MOTHER Birthplace: Stone County (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Lowell Harris
(b) Address: Crane Rt. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Crane Cemetery
18. (a) Signature of funeral director: Bradford Funeral Home
(b) Address: Marionville Mo
19. (a) 12-13-41 (Date received local registrar) (b) R. D. Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 13 Day year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec. 12 1941 to Dec. 13 1941; that I last saw him alive on Dec. 13 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	3 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 108	
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? (Specify type of place) While at work? (e) Means of injury
23. Signature: Wayne M. Weaver (M. D. or other) D.O.
Address: Marionville Mo. Date signed 12-13-41