

42685

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 16 1942

Registration District No. 668Primary Registration District No. 3032Registrar's No. 379

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia, MO
 (If outside city or town limits, write "RURAL" (and name of township))
 (c) Name of hospital or institution: Boothwell Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One day
 (Specify whether years, months or days)

3. (a) PRINT
FULL NAMEJohn V Harris3. (b) If veteran
name war3. (c) Social Security
No.4. Sex Male5. Color or
race white6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Mary McGinnis6. (c) Age of husband or wife if
alive 57 years7. Birth date of deceased
Aug 13 1880
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

61414

hr.

min.

9. Birthplace

SmithtonMissouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Retired Post Office Supervisor

11. Industry or business

MOTHER FATHER

12. Name John V Harris13. Birthplace Wales14. Maiden name Margaret A Thomas15. Birthplace Lepington

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Mrs John V Harris

(b) Address

Sedalia MO R.F.D. #417. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

12-30-41

(Month) (Day) (Year)

(c) Place: burial or cremation

Smithton

18. (a) Signature of funeral director

A. F. Hemminger

(b) Address

Smithton MO19. (a) Jan 2-42

(Date received local registrar)

(b) Mrs Anna Burger

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. On Highway #506 Sedalia
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27th
 year 1941 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from
 1932 to Dec 27th, 1941
 that I last saw him alive on Dec 27th, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

12-27-41

Due to

Arterio Sclerosis - Adrenomed1932

Due to

Chronic myocarditis1932

Other conditions

None other

(Include pregnancy within 3 months of death)

Major findings:

Of operations

None 932

Of autopsy

No

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) No
 (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)

(e) Means of injury

23. Signature

J. B. Carlisle M.D.

(M. D. or other)

Address

Sedalia MO

Date signed

12-27-41

RECEIVED

District Health Officer No. 8,

City of St. Louis

Date filed 1-14-42

FEB 14 1942

APR 8 1942
APR 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 A. F. Neunmeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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, above space should be left blank.