

Registration District No. 713

Primary Registration District No. 4428

Registrar's No.

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County JACKSON
(c) City or town KANSAS CITY - Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Albert H. 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. 9
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased D.K.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>X</u>	<u>X</u>	<u>X</u>	hr. <u>7</u> min.

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

10. Usual occupation LABORER

11. Industry or business W.P.A.

12. Name Don't know 9

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

14. Maiden name D.K.

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

16. (a) Informant (b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director L.H. Hoops - Sons
(b) Address Crocker, Mo.

19. (a) Feb 20 1942 (Date received local registrar) (b) Chas. M. Slodch (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 7th year 1942 hour 7:20 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Intra cranial hemorrhage 2-7-42
Due to Basal fracture 2-7-42
Due to Struck by auto 2-7-42
Other conditions (include pregnancy within 3 months of death)
Major findings: none 170c-8
Of operations none 21
Of autopsy none

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) Accident
(b) Date of occurrence Feb 7, 1942 0855
(c) Where did injury occur? Wynesville Polaski Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 66 (Public)
While at work? no (Specify type of place) (e) Means of injury struck by car
23. Signature C. Mallette, Coroner
Address Crocker, Mo. Date signed 2-8-42

RECEIVED

Pulaski County Health Officer

DEC 29 1942

File Number 242-105

Date Filed 2-24-42

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 Paul B Hoops

Licensed Embalmer No. 3261

P. O. Address Crocker 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.