

S. No. 2
1-1-44
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6385

State File No. _____

FILED MAR 19 1942

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 42

26
5
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 620-R-E-Miller
(If not in hospital or institution, write street number or location)

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

In this community 3 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 620-R-E-Miller
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John M. Harris

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 28 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 19
If less than one day hr. min.

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

10. Usual occupation Editor

11. Industry or business Road Building

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Son Harris

(b) Address 620-R-E-Miller

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

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director James Lewis

(b) Address 700 Jefferson

19. (a) 2-17-42 (b) Norma Pickett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 10 to Feb 17 1942

that I last saw him alive on Feb 16 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to Arteriosclerosis

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

Major findings: Of operations §301
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? _____

While at work? _____
(Specify type of place) (b) Means of injury _____

23. Signature J. B. [unclear] (M. D. or other) MD

Address Jefferson City Date signed 2/17/42

Run

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 *L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Geno.*

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.