No. 2
-1-4-41
5-17-39
I X26390

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

18446

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 19 1942

Registration District No. 0 8 8

Primary Registration District No. 5725

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: Liberty Twp 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62 0 0

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

(d) Street No. rural
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Edw. Harris

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Rosetta Pearl

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February (Month) 25 (Day) 1887 (Year)

8. AGE: Years 55 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Puxico, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business retired

FATHER
12. Name Gulley Harris
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rosetta Pearl Harris
(b) Address Jewett, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette St. Louis, Mo.

19. (a) May 28 1942 (Date received local registrar) (b) S. C. Slaughter By E. [illegible] (Registrar's signature)

481

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1942 hour 7:27 minute p M.

21. I hereby certify that I attended the deceased from May 24, 1942, to May 28, 1942
that I last saw him alive on May 24, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 b1

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 0

23. Signature S C Slaughter (M. D. ~~or other~~)

Address Fredericktown Mo Date signed 5-28-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 42-795

Date Filed 6-16-42

JUL 2-1942

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.