

BUREAU OF THE CENSUS  
FILED JUL 15 1942

State File No. \_\_\_\_\_

Registration District No. 197

Primary Registration District No. 4122

Registrar's No. 54

24  
0  
0

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

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

3. (a) PRINT FULL NAME William F. Harris  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married divorced  
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 13 1876  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clay County Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business Farm

12. Name Sparrell Harris  
 13. Birthplace West Va.  
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Warren  
 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Eddie Harris  
 (b) Address Smithville, Mo.

17. (a) Burial (b) Date thereof 6-24-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise, Mo.

18. (a) Signature of funeral director J. A. McLouise  
 (b) Address Smithville, Mo.

19. (a) June 27-1942 (b) Frank N. Henry  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO. County Clay 24  
 (c) City or town Smithville 0  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? NO 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
 year 1942 hour 4 minute 57 P. M.  
 21. I hereby certify that I attended the deceased from Feb. 3  
1942 to JUNE 23, 1942  
 that I last saw h. i. m. alive on JUNE, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac & Respiratory Failure  
 Due to Carcinoma of the breast area  
 Due to unknown  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: \_\_\_\_\_  
 Of operations 45  
 Of autopsy \_\_\_\_\_  
 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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Dr. R. E. Smith (M. D. or other) \_\_\_\_\_  
 Address Smithville, Mo. Date signed 6/27/42

1021

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-13-42

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**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 \_\_\_\_\_

*S. A. McComas*

Licensed Embalmer No. \_\_\_\_\_

2303

P. O. Address \_\_\_\_\_

*Smithville, 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.**