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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21463**

FILED JUL 10 1942

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. **255**

49
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James 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 single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 18 - 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 17 hr. _____ min.

9. Birthplace: Joplin Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Geo K Harris
13. Birthplace _____ (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Lesta Vassatta
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Vassatta
(b) Address Columbus Kansas

17. (a) Removal (b) Date thereof 6-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbus

18. (a) Signature of funeral director James Aubrey
(b) Address Columbus Kansas

19. (a) 6-19-42 (b) Hertend Juedholter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Dayton Springs Kans
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? U.S.A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1942 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from 6-18-42 1942 to 6-19-42 1942
that I last saw him alive on 6-19-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity - Baby was 7 1/2 months
Due to Distention

Due to _____
Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations _____
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) _____
(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 [Signature] (M. D. or other) [Signature]
Address Joplin Mo Date signed 6-19-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.