V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1942

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26597

Registration District No. 21 Primary Registration District No. 5041 Registrar's No. 76

1. PLACE OF DEATH:

(a) County: Barry
(b) City or town: Cassville Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry
(c) City or town: Cassville, Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country

3. (a) PRINT FULL NAME: James Washington Harris

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Nerva Jane Harris

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

7. Birth date of deceased: Nov. (Month) 22 (Day) 1849 (Year)

8. AGE: Years 92 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John D. Harris
13. Birthplace (City, town, or county): D. K. (State or foreign country): 9

MOTHER
14. Maiden name: Jane Shelton
15. Birthplace (City, town, or county): D. K. (State or foreign country): 9

16. (a) Informant: Ross Harris
(b) Address: Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 17 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Carney Cemetery

18. (a) Signature of funeral director: Horine & Culver
(b) Address: Cassville, Missouri

19. (a) Aug 15-1942 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Mar, 1942 to June 12, 1942 that I last saw h. alive on June 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency

Due to:

Due to:

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

Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)
While at work: (e) Means of injury:

23. Signature: Glenn F. Sayer (M. D. or other) M.D.
Address: Cassville Mo. Date signed:

1077 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 942-1340
Date Filed SEP 9 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 B. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville Missouri

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.