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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29892

State File No.

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 299

1. PLACE OF DEATH:

(a) County BUTLER

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

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

(d) Length of stay: In hospital or institution —
(Specify whether
In this community 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

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

(d) Street No. 144 No "C" STREET
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOE HENRY 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 MARRIED

6. (b) Name of husband or wife IVAH MAY HARRIS

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec (Month) 12 (Day) 1886 (Year)

8. AGE: Years 55 Months 9 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace NAYLOR (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business —

FATHER
12. Name JOHN HARRIS
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Mrs Ivah Harris
(b) Address 144 No. "C" ST. Poplar Bluff mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT (Month) 15 (Day) 1942 (Year)
(c) Place: burial or cremation LILLIS CEM

18. (a) Signature of funeral director N. T. Phelps
(b) Address Poplar Bluff Mo

19. (a) 9-16-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 13"
year 1942 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Aug - 1, 1942, to Sept 13, 1942
that I last saw him alive on Sept - 11, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	1 week
Myocardial Failure	2 mo
Due to	
Due to Hypertensive Heart disease	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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 A. B. Brookman (M. D. or other) MO
Address Poplar Bluff mo Date signed 9-16-42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 942-120
Date Filed 9-21-42

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 N. P. Phee Jr

Licensed Embalmer No. 32 311

P. O. Address Poplar Bluff Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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

S. No. 2B
-21-41
5-1 X21288

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BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 29892

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 299

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

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

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

3. (a) PRINT FULL NAME: Joe Henry Harris
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec (Month) 12 (Day) 1886 (Year)
8. AGE: Years 55 Months 9 Days If less than one day hr. min.
9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 3 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	1 wk
Due to: Rheum. Myocardial Failure	2 Mos
Due to: Hypertensive Heart Disease	7
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 108
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY