V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34583

Registration District No. 292 Primary Registration District No. 4435. Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls.
(b) City or town Perry, Missouri. Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perry, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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3. (a) PRINT FULL NAME Malone C. Harris.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hazel Harris

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Feb. 8, 1893. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	7	25	hr. min.

9. Birthplace Lorane, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Trucker.

11. Industry or business Trucking.

FATHER
12. Name Chas C. Harris.
13. Birthplace Adams County, (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name Emma Austin
15. Birthplace Adams, County, (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Hazel Harris
(b) Address Perry, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lorane, Illinois.

18. (a) Signature of funeral director Clyde Willey
(b) Address Perry, Missouri.

19. (a) 10-6-42 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 21st, 1942 to Oct. 3, 1942 that I last saw him alive on October 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations
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)
(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 J. [illegible] (M. D. or other)
Address Perry, Mo Date signed 10/4/42

1133 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-42-2003
Date Filed NOV - 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~~ Clyde C. Willey, Registered Apprentice No. ....., working under my personal supervision.

Signed Clyde C. Willey
Licensed Embalmer No. 3828
P.O. Address Perry, 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.