

FILED DEC 17 1942

Registration District No.

Primary Registration District No. 3043

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

164
3
4

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion
(c) City or town NEW HARRISON
(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 Guilford D. 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 Widowed

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

7. Birth date of deceased Feb. 29, 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Printer

11. Industry or business _____

12. Name William E. Harris

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mayhall

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Harris
(b) Address New London, Mo

17. (a) Burial (b) Date thereof Oct. 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barley Cen

18. (a) Signature of funeral director James O'Connell
(b) Address Harrison Mo

19. (a) 12/30/42 (b) R.W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1942 hour _____ minute 3:30 a.m.

21. I hereby certify that I attended the deceased from Oct. 10
1942 to Oct. 24, 19 42
that I last saw him alive on Oct. 23, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Bronchial pneumonia

Due to Carcinoma of stomach

Due to Chronic myocarditis

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

Major findings: Generalized Carcinoma
Of operations tosis

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? _____

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

23. Signature B.L. Murphy (M. D. or other) _____

Address Harrison, Mo Date signed 10-28-42

1146

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..... *Michael J O'Donnell*

Licensed Embalmer No. *3246*

P. O. Address..... *Hannibal 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.