. S. No. 2
M—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

Registration District No. 47

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1758

Primary Registration District No. 3164

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural -- Fulton Rt. 3 Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 1/2 Mile South Fulton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 14 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 1400

(c) City or town Rural -- Fulton Rt. 3 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5 1/2 Mile South Fulton
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 11

3. (a) PRINT FULL NAME ROBERT LEE HARRIS

3. (b) If veteran, name war no

3. (c) Social Security No. DK

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Virginia C.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug. (Month) 17 (Day) 1869 (Year)

8. AGE: Years 73 | Months 4 | Days 19 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Coal Miner

11. Industry or business Coal Mining

FATHER
12. Name J. P. Harris
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Tilda Hellmadollar
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Virginia C. Harris
(b) Address Fulton Rt. 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Pioneer Cem. Fulton.

18. (a) Signature of funeral director Leo G. Wallace
(b) Address Fulton, Mo.

19. (a) Jan 7-1943 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1943 hour about 5 a.m. minute

21. I hereby certify that I attended the deceased from April 19 ..... 1941 to Jan 6 1943
that I last saw him alive on Jan 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arterio Sclerosis

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.

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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 R. A. Lewis (M. D. or other)

Address Fulton Mo. Date signed 1-7-43

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.