. S. No. 2
I—11-10-39
. 5-17-39
I X21492

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

1885

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 57 Primary Registration District No. 4095 Registrar's No. 9

1. PLACE OF DEATH:

(a) County CASS.

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

(c) Name of hospital or institution: Not in hospital. At home. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply. (Specify whether In this community 25 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass. 19

(c) City or town Drexel. (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM L. HARRIS.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Male. 0

5. Color or race White

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

6. (b) Name of husband or wife Anna Bell Harris.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August, (Month) 9, (Day) 1877. (Year)

8. AGE: Years 65 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Pennsylvania. (State or foreign country)

10. Usual occupation Garage & Ford Dealer.

11. Industry or business Garage repair & Sales.

FATHER
12. Name James F. Harris.
13. Birthplace _____ (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Nancy J. Abram
15. Birthplace _____ (City, town, or county) Virginia. (State or foreign country)

16. (a) Informant B. Glen Harris

(b) Address Drexel, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof? 1/16/43. (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah, K. C. Mo.

18. (a) Signature of funeral director [signature]

(b) Address Drexel, Mo.

19. (a) 1/15/43. (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14. year 1943 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 12, 1942 to Jan 14, 1943 that I last saw him alive on Jan 13, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	2 wk
Due to: Partial Coronary Occlusion	7 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

94a

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 Basil O Hartwell (M. D. ~~or other~~) 0

Address Drexel Mo. Date signed 1/14/43.

1047 (Licensed Embalmer's Statement on Reverse Side)

FEB 4 1943

JAN 19 1943

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~~ personally

, ~~Registered Apprentice No.~~ ,

~~working under my personal supervision.~~

Signed

Licensed Embalmer No. 1950

P. O. Address Drexel 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, above space should be left blank.