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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2042

Registration District No. 91 Primary Registration District No. 5330 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Crawford.
(b) City or town ~~Cherryville Mo~~ Osage T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford. 28 0
(c) City or town Cherryville Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM HARISON HARRIS

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Avis Emily Harris
6. (c) Age of husband or wife if alive years
7. Birth date of deceased ~~Dillard~~ ~~Mo~~ 6-19-1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Dillard Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business Farmer.

FATHER
12. Name Jim Harris
13. Birthplace ~~Crawford~~ Co Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Martin
15. Birthplace ~~Crawford~~ Co Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant James T Harris
(b) Address Dovisville Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof Jan 24-43
(Month) (Day) (Year)
(c) Place: burial or cremation Martin Cemetery
18. (a) Signature of funeral director L J Jones & Son
(b) Address Steelville Mo
19. (a) 1-27-43 (b) E E Felty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1943 hour 5 PM minute M.
21. I hereby certify that I attended the deceased from No
Physician, 19 in attendance, 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Probably Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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 A C Parker (M. D. or other)
Address Steelville Mo Date signed 1-27-43

211 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 24383
Date Filed

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 Harry M Jones
was not Embalmed. Registered Apprentice No.
working under my personal supervision.

Signed Harry M Jones
Licensed Embalmer No. 2628
P. O. Address Steelville 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.