S. No. 2
—4-13-40
7. 5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. ~~10013~~

Registration District No. 74 Primary Registration District No. 3016 Registrar's No. 57

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 418mE. Mc Carty St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25yrs (Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No.: 418 E. Mc Carty St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: George Otis Harris
3. (b) If veteran, name war: No
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Lucy Ann
6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: Oct. 27, 1858 (Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 17 If less than one day hr. min.

9. Birthplace: Roanoke Virginia / (City, town, or county) (State or foreign country)
10. Usual occupation: Guard at Capitol
11. Industry or business:
MOTHER FATHER
12. Name: Sparel Harris
13. Birthplace: Virginia / (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Meadows
15. Birthplace: Virginia / (City, town, or county) (State or foreign country)
16. (a) Informant: Fred Harris
(b) Address: Jefferson City, Mo.
17. (a) Burial & Removal (Burial, cremation, or removal) (b) Date thereof: 3/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem Cemetery-Mokerson MO
18. (a) Signature of funeral director: Victor Buesche
(b) Address: Jefferson City, Mo.
19. (a) 3-15-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14 year 1943 hour minute 4 P. M.
21. I hereby certify that I attended the deceased from Feb 8 1942 to Mar 14 1943 that I last saw him alive on Mar 8 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	4 days
Due to: Senility & Osteomyelitis of lower jaw	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 104	
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: James A. Hall M.D. (M. D. or other)
Address: Jefferson City Date signed 3/15/43

(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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.