

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14992

State File No. \_\_\_\_\_

Registrar's No. 31

Primary Registration District No. 5837

Registration District No. 45

FILED APR 29 1943

23  
00

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

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Camp Crowder, Missouri W. Bond  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Station Hospital, Camp Crowder, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether years, months or days) four (4) months

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County ---  
(c) City or town Birmingham  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7220 Division Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

3. (a) PRINT FULL NAME Emmet R. 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 Divorced

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

7. Birth date of deceased May 3, 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 11 1 --- hr. --- min.

9. Birthplace Lewisburg Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier  
11. Industry or business United States Army

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillian H Harris  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Soldier's Service Record

(b) Address Camp Crowder, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 4, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Birmingham, Alabama

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 4-4-1943 (Date received local registrar) (b) Boyle Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1943 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 23, 1943 to April 4, 1943; that I last saw him alive on April 4, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess Duration 2 weeks

Due to cause undetermined.

Due to \_\_\_\_\_

Other conditions Pneumonia broncho  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations 107  
Of autopsy As above

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 John R. Telford (M. D. or other) MC

Address Camp Crowder, Missouri Date signed 4/4/43

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Date Received APR 26 1943

File no. 443-72

MAR 27 1943  
T. E. RUM SA

APR 28 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed John D. Batchelder  
Licensed Embalmer No. 4153  
P. O. Address Carthage 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.