

FILED JUL 10 1947

Registration District No. **17**

Primary Registration District No. **5157**

Registrar's No. **171**

1. PLACE OF DEATH:
(a) County **Callaway**
(b) City or town **Auxvasse Rural Auxvasse**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **X 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **24 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Callaway**
(c) City or town **Auxvasse, Mo Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) **0**
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country **0**

3. (a) PRINT FULL NAME **Charles Randolph Harris**
(b) If veteran, name war **no** (c) Social Security No. **Y**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **31st**
year **1943** hour **8** minute **10PM**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Rebecca A. Harris** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **Sept 23 1862**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 1 1943** to **May 31 1943**
that I last saw him alive on **May 30 1943**
and that death occurred on the date and hour stated above.
Duration of immediate cause of death **3 days**
Hypostatic Pneumonia
Mitral Regurgitation

8. AGE:	Years	Months	Days	If less than one day
	80	8	8	hr. min.

Due to **Mitral Regurgitation**
Due to
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Salem** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **X**

MOTHER FATHER
12. Name **William P. Harris**
13. Birthplace **Mo. R.** (City, town, or county) **Mo** (State or foreign country)
14. Maiden name **Susan Abshire**
15. Birthplace **Mo. R.** (City, town, or county) **Mo** (State or foreign country)

PHYSICIAN
Major findings: Of operations
Of autopsy

16. (a) Informant **Miss Edith Harris**
(b) Address **Auxvasse Mo**

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?

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 2 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **Auxvasse Cemetery**

18. (a) Signature of funeral director **Hughes Maupuis**
(b) Address **Auxvasse Mo**

23. Signature **H. B. Nichols** (M. D. or other)
Address **Auxvasse Mo** Date signed **6-2-43**

19. (a) **June 7-1943** (Date received local registrar) (b) **Joel Moravetz** (Registrar's signature)

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

Handwritten notes, possibly a signature or date, written in the upper left corner of the page.

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 Hughes Maupin
Licensed Embalmer No. 2358
P. O. Address Aux Vaux, 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.

Registration District No. 47

Primary Registration District No. 5-157

Registrar's No. 171

1. PLACE OF DEATH:

- (a) County Callaway
- (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Charles R Harris

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

5. Color or race _____ 6. (a) Single, widowed, married, divorced _____

4. Sex _____ 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

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

7. Birth date of deceased _____ (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Callaway
- (c) City or town Rural
(If outside city or town limits, write "RURAL")
- (d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 31st year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Septicemic Pneumonia Duration 3 ds

Due to Microbial Regeneration

Due to Bronchial Hypostatic pneumonia

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____ 107

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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

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