

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 77

1. PLACE OF DEATH

(a) County Harrison

(b) City or town Bethany
(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 _____ (Specify whether)

In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Bethany
(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 _____

3. (a) PRINT FULL NAME Sam Harris

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1943 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 30 1943 to June 30 1943
that I last saw him alive on June 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rose Harris 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 30 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Harrison Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business _____

12. Name William Harris

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Rose Harris

(b) Address Bethany Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1943
(Month) (Day) (Year)

(c) Place of burial or cremation Yankee Ridge, Country

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo

19. (a) July 1 - 1943 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations 90%

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. M. Propp (M. Director) July 1 1943
Address Bethany Mo Date signed _____

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

MOTHER FATHER

41

41

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 Joe E. Wheeler
Licensed Embalmer No. 3512
P. O. Address Bethany 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.