

FILED AUG 24 1943

Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Nixa
(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 50 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Nixa
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Edgar Harris

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Mary Harris

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

7. Birth date of deceased Feb. 9, 1856
(Month) (Day) (Year)

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

87	4	23	hr. _____ min.
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9. Birthplace Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Harris

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

14. Maiden name Mary Bridgewater

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

16. (a) Informant Mrs. Maude Goddard

(b) Address Nixa, Mo.

17. (a) burial (b) Date thereof July 4, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payne cem.

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) July 31, 1943 (b) Edna B. Wood
(Date received local registrar) (Registrar's signature)

July 14, 1943 Mary (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1943 hour 7 minute A M.

21. I hereby certify that I attended the deceased from June 1943 to July 1, 1943 that I last saw him alive on July 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Myocardial infarction
which was operated on 1941

Due to _____

Other conditions Advanced age
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature N.B. Hanson (M. D. or other)
Address Nixa Mo Date signed 7/12/43

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

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RECEIVED

District Health Officer No. 6,

District File Number 843-929

Date Filed Aug 21 1929

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 J. W. Mayles

Licensed Embalmer No. 2985

P. O. Address.....

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.