

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

NOV 10 1943
Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 95

1. PLACE OF DEATH:
 (a) County Phelps
 (b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
home, 1101 State St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community About 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Phelps **081**
 (c) City or town Rolla **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1101 State St. **2**
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 10

3. (a) PRINT FULL NAME Zoe B. Harris
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 22
 year 1943 hour 10 minute 50 A. M.
 21. I hereby certify that I attended the deceased from 10-10
1943 to 10-22 1943
 that I last saw her alive on 10-22 1943
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elmo G. Harris
 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased March 16 1867
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
 Duration 12 days

8. AGE: Years Months Days If less than one day
76 7 6 _____ hr. _____ min.

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

9. Birthplace Hampton Ark.
(City, town, or county) (State or foreign country)
 10. Usual occupation Homemaker

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name John C. Barrow
 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Jean Strong
 15. Birthplace N. Car.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Geo. C. Willson
 (b) Address St. Louis, Mo.
Removal for cremation
 17. (a) _____ (b) Date thereof 10-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis, Mo.
 18. (a) Signature of funeral director H. C. ...
 (b) Address Rolla, Mo.
 19. (a) Oct 22-1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature E. E. Fencil M.D.
 Address Rolla Mo. Date signed 10-22-43

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

81
22

MOTHER FATHER

1072

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.....
.....
Licensed Embalmer No. 3643
P. O. Address Cuba, 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.