

Registration District No. 27

Primary Registration District No. 4147

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Brunston
(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 54 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper
(c) City or town Brunston
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8th
year 1943 hour 9:30 PM M.
21. I hereby certify that I attended the deceased from Nov 7
1943, to Nov 8th, 1943.
that I last saw him alive on Nov 8th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis
or hypoplexia

Due to strenuous blood work
Due to _____

Other conditions: urine \$30
(Include pregnancy within 3 months of death)

Major findings: urine
Of operations: _____
Of autopsy: urine

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 0

23. Signature W.H. Elliott (M. D. or other) _____
Address Brunston Mo Date signed Nov 9th

3. (a) PRINT FULL NAME CHARLES HERBERT HARRIS
3. (b) If veteran, name war ✓
3. (c) Social Security No. None

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 27 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 11
If less than one day hr. _____ min. _____

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

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name C. B. HARRIS
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Nancy Elizabeth Warrhous
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant A. M. HARRIS
(b) Address CLARKS BURG. MO

17. (a) Burial (b) Date thereof 11-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunston, Mo.

18. (a) Signature of funeral director L. E. Parker
(b) Address Brunston, Mo.

19. (a) Nov-12-1943 (b) Wm. W. Robison
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number
Date Filed 12-10-43

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.

my self

Signed

L. M. Parker

Licensed Embalmer No.

2347

P. O. Address

Brunswick 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, above space should be left blank.