

V. S. No. 2
 OM-9-4-41
 Rev. 5-17-39
 1 X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 988
 Registrar's No. 988

FILED DEC 27 1943
 Registration District No. 2000

Primary Registration District No. 2000

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution BURGE Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1521 EAST FLORIDA
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Oscar Arthur HARRIS

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife EMMA HARRIS 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased September 14 1878
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>65</u>	<u>2</u>	<u>24</u>	hr. min.

9. Birthplace PULASKI County MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER
 12. Name Caleb HARRIS
 13. Birthplace PULASKI County MISSOURI
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY GLENN
 15. Birthplace UNK. ILLINOIS
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jesse HARRIS

(b) Address 203 South New City

17. (a) Buried (b) Date thereof 12-10-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green lawn

18. (a) Signature of funeral director W. H. H. H.

(b) Address Spfld. Mo.

19. (a) 12-10-43 (b) W. H. H. H.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
 year 1943 hour 4 minute 45 p. M.

21. I hereby certify that I attended the deceased from Sept - 43 to 12-8-43
 that I last saw him alive on Dec 5 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestine Carcinoma

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 46 L
 Of operations.....
 Of autopsy.....

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) Means of injury 0

23. Signature W. H. H. H. (M. D. 0)

Address Spfld. Mo. Date signed 12/10/43

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

39
2
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984

(Licensed Embalmer's Statement on Reverse Side)

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..... *Charles D. McPherson*.....
Licensed Embalmer No..... *2891*.....
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.

X