

FILED JAN 14 1944

Registration District No. 155

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3127

42630
State File No. _____

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Wells City, Mo.
(c) Name of hospital or institution: 508 N. Penn.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community 5 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wells City
(If outside city or town limits, write "RURAL")
(d) Street No. 508 N. Penn.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME George Harry

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 9, 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business:

12. Name David Harry
13. Birthplace No data (City, town, or county) (State or foreign country)
14. Maiden name Delilah Beers
15. Birthplace No data (City, town, or county) (State or foreign country)

16. (a) Informant Widow Etta Harry
(b) Address Wells City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Cemetery

18. (a) Signature of funeral director Hedge Nelson
(b) Address Wells City, Mo.

19. (a) Dec. 27, 1943 (Date received local registrar) (b) W. J. Lillard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 43 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from 12-19-43 19____, to 12-25-43 19____, that I last saw him alive on 12-24-43 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83a!
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) (e) Means of injury _____
23. Signature W. J. Lillard (M. D. or other) DO
Address Wells City, Mo. Date signed 12-27-43

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

MOTHER FATHER

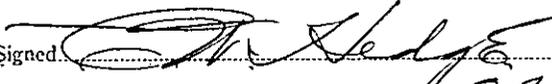
1180

(Licensed Embalmer's Statement on Reverse Side)

43-12-1056

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. 2859.....
P. O. Address St. Louis City, 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.