

FILED JUL 13 1944

State File No. 21922

Registration District No. 333

Primary Registration District No. 3037

Registrar's No. 97

55
20
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town North Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community About 55 years
years, months or days

3. (a) PRINT FULL NAME Julia Harris

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race White

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

(b) Name of husband or wife Dr. James A Harris 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased July 23 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	11	6	hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Not known

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs S E Morgan

(b) Address North Vernon Mo

17. (a) Burial (Burial, cremation, or removal) at home

(b) Date thereof June 30 1944
(Month) (Day) (Year)

(c) Place: burial or cremation L.O.O.F. Cemetery

18. (a) Signature of funeral director Geo Barr

(b) Address North Vernon Mo

19. (a) 7/1/44 (Date received from registrar)

(b) Audley Gentry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

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

(e) Citizen of foreign country? X (Yes or No)

If yes, name country X no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1944 hour 3:45 minute 59 M.

21. I hereby certify that I attended the deceased from June 26 to June 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Loecheria

Due to Senility; Hypertension & Ch. myocardiitis.

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

Major findings: 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 _____

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? _____

23. Signature Sumeth Glover (M. D. or other) _____

Address North Vernon Mo Date signed 7/3/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 744.772

Date Filed JUL 11 1944

AUG 24 1951

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: Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mr. Vernon No.

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.