

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUL 10 1944

State File No. 22715

Registration District No. 236

Primary Registration District No. 6206

Registrar's No. 22

1. PLACE OF DEATH:

(a) County. TEXAS
(b) City or town. RURAL JACKSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether
In this community. 3 WKS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. TEXAS 107
(c) City or town. HOUSTON 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME GEORGE WASHINGTON HARRIS

3. (b) If veteran, name war. 3. (c) Social Security No. NONE

4. Sex 0 MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced. WIDOWED
6. (b) Name of husband or wife. MANDY C. HARRIS
6. (c) Age of husband or wife if alive. 6 years 1863
7. Birth date of deceased. MARCH (Month) 6 (Day) 1863 (Year)

8. AGE: Years 81 Months 3 Days 13
If less than one day hr. min.

9. Birthplace PHELPS CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business.

MOTHER FATHER { 12. Name GREEN B. HARRIS
13. Birthplace Ky. (State or foreign country)
14. Maiden name RACHELL KEENEY
15. Birthplace Ky. (State or foreign country)

16. (a) Informant THURMAN HARRIS

(b) Address HOUSTON, MO

17. (a) BURIAL (b) Date thereof 6-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ARTHURS CREEK

18. (a) Signature of funeral director. Gaylord S. Elliott

(b) Address HOUSTON, MO

19. (a) June 30-44 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 19
1944 year 2 hour 30 minute A.M.

21. I hereby certify that I attended the deceased from OCT 37, 1937, to JUNE 19, 1944
that I last saw h.i.m. alive on JUNE 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death DECOMPENSATED ORGANIC HEART DISEASE
Due to SENILITY

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9502
Of autopsy

Duration
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

23. Signature R M Oillman (M. D. or other) M.D.

Address Houston Mo Date signed 6-20-44

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

10700

124A

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5

District File Number 744347

Date Filed 7-7-74

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.