

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27058

FILED SEP 10 1944

Registration District No. Primary Registration District No. 4001 Registrar's No. 218

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

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Novinger  
(c) Name of hospital or institution: Novinger, Mo.  
(d) Length of stay: In hospital or institution. None  
In this community Life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Adair  
(c) City or town Novinger  
(d) Street No.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Jerry O. Harris  
(b) If veteran, name war None  
(c) Social Security No. 709-18-7823

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 15  
year 1944 hour 4:55 minute P: M.  
21. I hereby certify that I attended the deceased from 1941  
to Aug. 15, 1944  
that I last saw him alive on Aug. 15, 1944  
and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife: Bertha A. Harris  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Feb. 22 1880

Immediate cause of death Phthisis Pulmonales  
Due to Influenza in 1941  
Due to Age & exposure

8. AGE: Years 64 Months 5 Days 23  
If less than one day hr. min.

9. Birthplace La Clede Missouri  
10. Usual occupation Retired Carpenter  
11. Industry or business Railroad  
12. Name Charles Harris  
13. Birthplace Unknown  
14. Maiden name Ada Tolson  
15. Birthplace Unknown

Other conditions  
Major findings: Of operations None  
Of autopsy None  
1321

16. (a) Informant Mrs. Bertha Harris  
(b) Address Novinger, Mo.  
17. (a) Burial (b) Date thereof 8/18/44  
(c) Place: burial or cremation Novinger, Mo.  
18. (a) Signature of funeral director Bertha Harris  
(b) Address Kirksville, Mo.  
19. (a) 8-30-44 (b) Mr. J. W. Wagner

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?  
(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 J. S. Gashwiler (M. D. or other)  
Address Novinger, Mo. Date signed 8/15/44

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 9-44-1523

Date Filed SEP 7 1944

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 D. E. Pily

Licensed Embalmer No. 4181

P. O. Address Kankakee, Ill.

**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.**