V. S. No. 2
00M—8-43
ev. 5-17-39
S I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5554

State File No. 31036

Registrar's No. 84

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

46 00 0

1. PLACE OF DEATH:

(a) County: HOWELL

(b) City or town: "RURAL" SPRING CREEK TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: POTTERSVILLE, DORA ROUTE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No. 1 (Specify whether
In this community: 38 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: HOWELL

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

(d) Street No.: Spring Creek Twp. POTTERSVILLE, Mo. DORA RT.
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: JESSE HARRIS

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED 2

6. (b) Name of husband or wife: HARRIET GLASCOCK HARRIS

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: DECEMBER (Month) 16 (Day) 1856 (Year)

8. AGE: Years 87 Months 7 Days 26 If less than one day hr. min.

9. Birthplace: BANGOR (City, town, or county) IOWA 1 (State or foreign country)

10. Usual occupation: RETIRED SCHOOL TEACHER

11. Industry or business:

FATHER
12. Name: JAMES HARRIS 1
13. Birthplace: N. CAROLINA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: MATILDA PICKITT 1
15. Birthplace: N. CAROLINA (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. H.W. BRITTON
(b) Address: POTTERSVILLE, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 7-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation: OAK LAWN CEM. WEST PLAINS, Mo.

18. (a) Signature of funeral director: Hal Blomburgh
(b) Address: WEST PLAINS, Mo.

19. (a) 7-26-44 (Date received local registrar) (b) Earl Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 12 year 1944 hour 2: minute 00 A.M.

21. I hereby certify that I attended the deceased from July 10, 1944 to July 10, 1944 that I last saw him alive on July 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Labar

Due to:

Due to:

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

Major findings:
Of operations:

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): X

(b) Date of occurrence: X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? X (Specify type of place) Means of injury: 0

23. Signature: Maurice Thompson (M. D. or other) M.D.

Address: West Plains Mo. Date signed: 8/10/44

1125 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
strict Health Officer No. 5,
File Number 1044511
Filed 10-9-44

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 Hal Loomburgh

Licensed Embalmer No. 3408

P. O. Address West Plains 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.