

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 463

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Bruce M. Harris
3. (b) If veteran, name war No.
3. (c) Social Security No. 500-05-6788

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Purl Harris 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Feb 2 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Siloam Springs, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Decorator

11. Industry or business Same

12. Name No Record

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Purl Harris

(b) Address 522 Connor

17. (a) BURIAL (b) Date thereof 9 27 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOZARK MEMORIAL PARK

(a) Signature of funeral director Hurl but Und. Co.

(b) Address Joplin, Mo.

19. (a) 9-27-44 (b) Gertud Schrock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 522 Connor
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1944 hour 7 minute 40 a.m.

21. I hereby certify that I attended the deceased from Sept 23 1944
that I last saw him alive on Sept 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus Duration 70 hrs
Endocarditis

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 920

Major findings: Of operations _____
Of autopsy _____

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? _____

(Specify type of place) While at work? _____ (Specify type of place) (e) Means of injury _____

Signature H. Walker (M. D. or other) _____

Address Joplin Mo Date signed 9-26-44

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

MOTHER FATHER

William C. Harris

1204

44-9-781

384

JAN 15 1957

OCT 5 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 *Terry K. Hubert*

Licensed Embalmer No. *95-9*

P. O. Address *Japan, Meo*

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.