

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 239

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town R.F.D.
(If outside city or town limits, write "RURAL")

(d) Street No. Fulton, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edwin Francis Harris

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 11th 1914
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|----------|----------|-----------|----------------------|
| <u>~</u> | <u>2</u> | <u>17</u> | hr. _____ min. _____ |

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

10. Usual occupation miner

11. Industry or business _____

MOTHER FATHER

12. Name E. R. Harris

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

14. Maiden name Elizabeth S. Soren

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

16. (a) Informant E. R. Harris

(b) Address Fulton, Mo.

17. (a) Removal (b) Date thereof 10-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bloomfield, Mo

18. (a) Signature of funeral director Wallace Thomas Stone

(b) Address Fulton, Mo.

19. (a) 10-28-44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28,
year 1944 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 25, 1944, to Oct. 28, 1944,
that I last saw him alive on Oct. 27, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition

Due to Celiac disease

Due to 668

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Duration Sept. 25, 1944

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 J. B. Brann (M. D. or other) MD
Address Jefferson City, Mo. Date signed 10/29/44

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

26
5
4

MOTHER FATHER

898

RECEIVED

District Health Officer No. 91

District File Number _____

Date Filed _____

11-7-44

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 _____

E. S. White

Licensed Embalmer No. _____

4168

P. O. Address _____

Fulton, 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.