S. No. 2
1—8-43
5-17-39
P I X37023

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41868

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 150

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home
(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 About 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 1101 State St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elmo G. Harris
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Zoe B. Harris
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 27th (Day) 1861 (Year)

8. AGE: Years 83 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Spartinburg (City, town, or county) S. Car. (State or foreign country)
10. Usual occupation Prof. Civil Engineering
11. Industry or business Retired
FATHER
12. Name W. W. Harris
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Emily Golightly
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Chas. C. Wilson
(b) Address St. Louis, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla - St. Louis, Mo.
18. (a) Signature of funeral director Smith - Hollow
(b) Address Rolla Mo.
19. (a) 12-22-44 (Date received local registrar) (b) Ellis Wacker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st year 1944 hour 12 minute 45 A. M.
21. I hereby certify that I attended the deceased from 1935, to Dec 21, 1944; that I last saw him alive on Dec. 20, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Hemorrhage	24 hours
Due to arteriosclerosis	
Due to	
Other conditions Senility, diabetes, chronic myocarditis (Include pregnancy within 3 months of death)	
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? (e) Means of injury
23. Signature E. E. Ford M.D. (M. D. or other)
Address Rolla Mo Date signed 12-22-44

1092

(Licensed Embalmer's Statement on Reverse Side)

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. [illegible]

Licensed Embalmer No. 3643

P. O. Address Cuba, 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.