

FILED FEB 8 1945  
Registration District No. 275

Primary Registration District No. 5943

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Edgar Springs Rural  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life / (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town Edgar Springs Rural  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Ersley May Harris

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race Wh. / 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Elzie Harris 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 10, 1906 (Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Anutt, Dent County Mo., (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Kinder  
13. Birthplace Tennessee (City, town, or county) (State or foreign country)  
14. Maiden name Julia Weber (City, town, or county) (State or foreign country)  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant John Elzie Harris

(b) Address Edgar Springs, Mo.,

17. (a) Burial (b) Date thereof 1-8-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home

(b) Address 508 West 8th St. Rolla Mo

19. (a) 1-8-1945 (b) (Date received local registrar) (c) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 6 day 6  
year 1945 hour 11 minute PM M.

21. I hereby certify that I attended the deceased from Jan. 6, 1945 to Jan. 6, 1945  
that I last saw him alive on Jan. 6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Passive pulmonary congestion  
Due to Pulmonary tuberculosis  
Duration 36 hrs

Due to General Debility

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

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
13 1/2

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? \_\_\_\_\_

Home (Specify type of place) \_\_\_\_\_ (Means of injury) \_\_\_\_\_

23. Signature Richard G. Meyer M. D. or other \_\_\_\_\_  
Address Newburg, Mo. Date signed Jan. 8 1945

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

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*S. L. Nee*

Licensed Embalmer No. ....

*3397*

P. O. Address.....

*Raven, 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.**