

U. S. No. 2
DOM-5-43
ev. 5-17-39
I X36871

FILED MAY 15 1945

Registration District No. 3.2

Primary Registration District No. 3006

10
2
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
227 Lynn St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 65 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia 10
(If outside city or town limits, write "RURAL")

(d) Street No. 227 Lynn 2,
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ELLA HARRIS

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 1st
year 1945 hour 1:58 minute _____

21. I hereby certify that I attended the deceased from March 30, 1945, to April 1st, 1945.

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Duration _____

4. Sex Female 5 3 years
Color or race

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

6. (b) Name of husband or wife George Harris

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

7. Birth date of deceased 2-8-1880
(Month) (Day) (Year)

Due to General paresis

Due to _____

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

8. AGE: Years 65 Months 1 Days 23 If less than one day _____ hr. _____ min.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 93

Of autopsy _____

9. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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? _____

MOTHER FATHER

11. Industry or business _____

12. Name Alexander Harris

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

14. Maiden name Alice Moore

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

16. (a) Informant Hattie Paul McGilly

(b) Address Columbia Mo.

17. (a) Buried (b) Date thereof 4-4-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Providence Mo.

18. (a) Signature of funeral director Wm. P. Parker

(b) Address Columbia Missouri

19. (a) 4-2-1945 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

23. Signature Stephen J. Smith (M.D. or other) _____

Address _____ Date signed 4-1-45

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-14-45

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed: _____

Licensed Embalmer No. 2900

P. O. Address Columbia 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.