V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

JUN 16 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 '45

Registration District No. 137

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3873-04218

State File No. 17056

Registrar's No. 94

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Windsor, Missouri 9
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jessie John Harris
3. (b) If veteran, name war
3. (c) Social Security No. 487-10-4845

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Beulah Hickman
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased March 7, 1905 (Month) (Day) (Year)

8. AGE: Years 40 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Bates County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Electric shovel operator
11. Industry or business Coal Mining (Strip pits)

FATHER
12. Name John Harris
13. Birthplace Indiana 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Scnford
15. Birthplace Unknown 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Harris
(b) Address Kansas City, Kansas
17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 25, '45 (Month) (Day) (Year)
(c) Place: burial or cremation Hume, Missouri
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, MO
19. (a) May 16 (Date received by local registrar) (b) Myrtle Brownlee (Registrar's signature)

1391

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 23 day 23
year 1945 hour 7 minute 0 a. M.

21. I hereby certify that I attended the deceased from ... 19.. to ... 19.. ; that I last saw him alive on ... 19.. ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Shot in head by shotgun fired by his own hands Killing instantly, — Instantly

Due to ...

Due to ...

Other conditions (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) Suicide
(b) Date of occurrence April 23, 1945
(c) Where did injury occur? Windsor (City or town) Henry (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? No (e) Means of injury Shotgun

23. Signature R. S. Hallingsworth M. D.
Address Clinton Mo. Date signed 5/18/45

JUN 16 1945

RECEIVED
[illegible] Health Office No 3
[illegible] Number 5-43-264
Date Filed 6-13-45

SEP 17 1948

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 Edell Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.