

S. No. 2
DM-8-43
v. 5-17-39
I X37823

DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Le Hew

State File No. 17660

FILED JUN 4 1945

Registration District No. 4245

Primary Registration District No. 3047

Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution: SALE-MEMORIAL HOSPITAL (1)
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME JULIA JANE HARRIS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARCUS LEE HARRIS 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased MAY 28 1923
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>11</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace HOLTON KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name JOHN FREED

13. Birthplace BENTON Co. ARKANSAS
(City, town, or county) (State or foreign country)

14. Maiden name ETHEL HINKLEN

15. Birthplace WELLS CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Marcus Harris

(b) Address Neosho Missouri

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Orley Thompson

(b) Address Neosho Mo.

19. (a) 5-11-1945 (b) Orley Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73

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

(d) Street No. W. SPRING ST.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6
year 1945 hour 7:30 minute a.m.

21. I hereby certify that I attended the deceased from June 6, 1945 to May 16, 1945;
that I last saw him or alive on May 16, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Congestive failure 2 da

Due to Bacterial Endocarditis 3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) TRAUMATIC

(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) _____ (b) Means of injury _____

23. Signature Robert Adams (M. D. or other) MD
Address Neosho Mo Date signed 5-11-45

1110

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1952

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.

RECEIVED JUN 1 1945

District Health Officer No.

District File Number 545-85

Date Filed JUN 1 1945

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Nesho 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.