DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24537

FILED AUG 14 1945

Registration District No. 2407 Primary Registration District No. 5839 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Aroma Granby Twp (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 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

(d) Street No. Aroma, Mo Granby Twp. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Abe M. 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 Married

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December (Month) 15 (Day) 1868 (Year)

8. AGE: Years 76 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Greene County (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name David Harris

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

MOTHER 14. Maiden name Sarah R. Harris

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

16. (a) Informant's own signature Mrs. Tina Harris

(b) Address Aroma, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/1945 (Month) (Day) (Year)

(c) Place: burial or cremation Granby Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) 7/11/45 (Date received local registrar) (b) Lulu Norwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1945 hour 8:30 minute 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.

	Duration
Immediate cause of death: Coronary occlusion (Probable)	few moments
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	

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) Apparently Natural Causes.

(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 J. P. (M. D. or other) Acting J. P. Address Barry Mo Date signed 7/10/45

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-30 I X19511

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 AUG 13 1945

District Health Officer No.....

District File Number 745-139

Date Filed AUG 13 1945

Signed Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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, above space should be left blank.