

FILED SEP 20 1945 STANDARD CERTIFICATE OF DEATH

31562

State File No.

Registration District No. 375

Primary Registration District No. 6096

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Rural, Glenwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Glenwood, Mo. R. F. D. 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 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86
(c) City or town Livonia, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles Harris

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

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

7. Birth date of deceased Aug. 22 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 11 10 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Louis J. Harris

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

14. Maiden name Louisa Jane Fullhart

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

16. (a) Informant Mrs. Ford Kay

(b) Address Livonia, Mo.

17. (a) Burial (b) Date thereof 5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cemetery

18. (a) Signature of funeral director W. Mitchell

(b) Address U.S. Justice

19. (a) Aug 4, 45 (b) W. Mitchell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22d
year 1945 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 21 1945 to Aug 1 1945
that I last saw him alive on Aug 1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to _____

Due to _____

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

Major findings: Of operations AS

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) _____

(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 R.E. Vaughn (M. D. or other) D.O.

Address Livonia, Mo Date signed Aug 3, 1945

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

1278

1000

Received

9

A 10/10

RECEIVED

District Health Officer No. 10

District File Number 9-45-142

Date Filed SEP 17 1945

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 Muel E. Husted
Licensed Embalmer No. 3307
P. O. Address Unionville, 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.