No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34904

State File No.

FILED NOV 8 1945

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 159

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington Tp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution 1 year 7 days (Specify whether years, months or days)
In this community 1 year + 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene 108
(c) City or town Springfield 0
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #4 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME JOHN J. HARRIS
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada F Harris
(c) Age of husband or wife if alive ? years
7. Birth date of deceased Dec (Month) 6 (Day) 1872 (Year)
8. AGE: Years 72 Months 10 Days 22 If less than one day hr. min.
9. Birthplace Greene Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farm
MOTHER FATHER
12. Name JOHN W. HARRIS
13. Birthplace Va (City, town, or county) (State or foreign country)
14. Maiden name MARGARET PICKERING
15. Birthplace Penn (City, town, or county) (State or foreign country)
16. (a) Informant Hospital records
(b) Address Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Republic Mo Evergreen Cemetery
18. (a) Signature of funeral director Fred C. Fulene
(b) Address 1100 Boonville St
19. (a) 10-30-45 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1945 hour 1 minute p M.
21. I hereby certify that I attended the deceased from Oct 17, 1945 to Oct 28, 1945 that I last saw him alive on Oct 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart disease ?	
Due to ✓	
Due to ✓	
Other conditions Senile Psychosis (Include pregnancy within 3 months of death)	
Major findings: Of operations No	
Of autopsy No	

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 G Hall M.D. (M. D. or Coroner)
Address Nevada Mo Date signed 10/28/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-45-1079
Date Filed 11-7-45

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Fred C. Phieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.