

S. No. 2  
1-8-43  
5-17-39  
P 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

36993

FILED DEC 8 1945

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: St. Joseph Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days.  
(Specify whether years, months or days)

In this community All of life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Lamine, Mo.  
(If outside city or town limits, write "RURAL") 2

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas A. 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 2 Widowed

6. (b) Name of husband or wife Margaret P. Harris 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 23 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 3 24 hr. min.

9. Birthplace Cooper County, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business On farm

MOTHER FATHER { 12. Name Wm. J. Harris

13. Birthplace Richmond Virginia 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah McMahan

15. Birthplace Cooper County, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Howell

(b) Address Lamine, Mo.

17. (a) Burial (b) Date thereof Nov. 18 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Lamine Cemetery

18. (a) Signature of funeral director W. C. Beckett

(b) Address Boonville, Mo.

19. (a) Nov 18 - 45 (b) Clay Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16  
year 1945 hour 7 minute 30 a. m.

21. I hereby certify that I attended the deceased from 11-3-1945 to 11-16-1945  
that I last saw him alive on 11-15- and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cerebral arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none 932

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature T. C. Beckett (M.D. or other) MD

Address Boonville Mo Date signed 11-16-45

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 8,

File Number .....

Date Filed ..... 12-2-15

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 J. W. Goodman

Licensed Embalmer No. 1178

P. O. Address Boswell, W.

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.