

S. No. 2
M-5-42
v. 5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1946
Registration District No. 238

Primary Registration District No. 5821

State File No. 41933

Registrar's No. 113

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Parou, Matthews, Route # 1
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
Name 1. Big River Hwy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 1 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Route # 1 Matthews Mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PERCIE (N) HARRIS

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex M 2 5. Color or race C 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Parou Harris 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased July 14 1900 (Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Lon County, Miss (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business None

12. Name Bessie Harris

13. Birthplace Lancaster County, Miss (City, town, or county) (State or foreign country)

14. Maiden name Hubena Cook

15. Birthplace Lancaster County, Miss (City, town, or county) (State or foreign country)

16. (a) Informant J. H. Harris

(b) Address Matthews, Mo Route 1

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-7-45 (Month) (Day) (Year)

(c) Place: burial or cremation Sand Hill

18. (a) Signature of funeral director Richard Vond Co.

(b) Address New Madrid

19. (a) 12-21-45 (Date received local registrar) (b) Helen Louise Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1945 hour 11:00 minute 0 a.m.

21. I hereby certify that I attended the deceased from ✓ 1945 to ✓ 1945; that I last saw h. ✓ alive on ✓ 1945 and that death occurred on the date and hour stated above.

Immediate cause of death By all recent death was due to heart
Due to typhoid and diphtheria
in legs
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95c 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 W. J. [unclear] Carver (M. D. or other) _____
Address New Madrid Mo Date signed 12/1-45

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

RECEIVED

District Health Office No. 2

District File Number 146-973

Date Filed 1-11-46

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.