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**FILED FEB 7 1946**  
Registration District No. **137**

Primary Registration District No. **5513**

Registrar's No. **12**

**1. PLACE OF DEATH:**  
 (a) County **Henry**  
 (b) City or town **Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **near Highland**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **30 yrs** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Henry 42**  
 (c) City or town **Rural Township**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **near Highland**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **W<sup>M</sup> A Harris**  
 (b) If veteran, name war **✓**  
 (c) Social Security No. **—**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Jan** day **13** year **1946** hour **2** minute **30 A.M.**

4. Sex **M** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **married**  
 (b) Name of **wife** **Grace Harris** 6. (c) Age of husband or wife if alive **61** years  
 7. Birth date of deceased (Month) **9** (Day) **3** (Year) **1878**

**21. I hereby certify that I attended the deceased from** **Dec 17 1945** to **Jan 13 1946**  
 that I last saw him alive on **Jan 12 1946**  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years **67** Months **4** Days **10** If less than one day hr. min.

Immediate cause of death **Coronary thrombosis**  
 Due to **chronic myocarditis with auricular fibrillation**  
 Due to **unknown**

9. Birthplace **Clinton Co Mo** (City, town, or county) (State or foreign country)  
 10. Usual occupation **Farming**

Other conditions **none**  
 (Include pregnancy within 3 months of death)  
 Major findings: Of operations **none**  
 Of autopsy **none**

**MOTHER FATHER**  
 12. Name **Montgomery O Harris**  
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
 14. Maiden name **Missouri Amick**  
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Grace Harris**  
 (b) Address **Clinton Mo**  
 17. (a) **Rural** (Burial, cremation, or removal) (b) Date thereof **1 15 46** (Month) (Day) (Year)  
 (c) Place: burial or cremation **Shady Grove Cem**

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) **no**  
 (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 \_\_\_\_\_

18. (a) Signature of funeral director **Frank Wilkinson**  
 (b) Address **Clinton Mo**  
 19. (a) **1-15-46** (Date received local registrar) (b) **R. R. Kennedy** (Registrar's signature)

23. Signature **S. B. Hughes** (M. D. or other) **MD**  
 Address **Clinton Mo** Date signed **1/17/46**

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

REC'D DU

Death Officer No. 7

Number 7-46-31

Date Filed 2-5-46

**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.....

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

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.**