

FILED MAY 16 1946

Registration District No. **132**

Primary Registration District No. **5474**

Registrar's No.

1. PLACE OF DEATH: *Jefferson Township - Grundy Co #4*

(a) County: *Grundy Co #4*

(b) City or town: *Frenton R #4*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Home 1*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: *Lifetime*
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: *40*

(a) State: *MO* (b) County: *Grundy Co*

(c) City or town: *Frenton R #4*
(If outside city or town limits, write "RURAL")

(d) Street No.: *Rural - Jefferson Twp #4*
(If rural, give location)

(e) Citizen of foreign country? *NO* (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: **PERRY EDWARD HARRIS**

3. (b) If veteran, name war: *NO*

3. (c) Social Security No.: *none*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* day *14*
year *1946* hour *9:10* minute *AM*

21. I hereby certify that I attended the deceased from *2nd last*
19*45* to *March 14th* 19*46*
that I last saw him alive on *March 1st* 19*46*
and that death occurred on the date and hour stated above.

4. Sex: *MO* 5. Color or race: *W* 6. (a) Single, widowed, married, divorced: *Married*

6. (b) Name of husband or wife: *Dora Harris* 6. (c) Age of husband or wife if alive: *65* years

7. Birth date of deceased: *July 22 1870*
(Month) (Day) (Year)

Immediate cause of death: *Cerebral Hemorrhage* Duration: *5 months*

Due to: *do not know*

Due to: _____

8. AGE: Years *75* Months *7* Days *22* If less than one day: _____ hr. _____ min.

9. Birthplace: *Grundy Co MO*
(City, town, or county) (State or foreign country)

10. Usual occupation: *Farmer*

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

Major findings: Of operations: _____

Of autopsy: *830*

MOTHER FATHER

11. Industry or business: _____

12. Name: *Andrew Harris*

13. Birthplace: *Merced Co MO*
(City, town, or county) (State or foreign country)

14. Maiden name: *Rosetta Weatherford*

15. Birthplace: *Louisville Ky*
(City, town, or county) (State or foreign country)

16. (a) Informant: *Mrs. P K Harris*

(b) Address: *R #4 Frenton MO*

17. (a) *Burial* (b) Date thereof: *3 16 46*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Matt Green Cem - Frenton 7. Home MO*

18. (a) Signature of funeral director: *Frenton MO*

(b) Address: _____

19. (a) *3-20-46* (b) *Gene Fair*
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (c) Means of injury: _____

23. Signature: *Clayton Ruffin M.D.* (H. D. or other)
Address: *Frenton MO* Date signed: *March 13 1946*

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

15310

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Wesley H. Bradford*

Licensed Embalmer No..... *4370*

P. O. Address..... *Trenton 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.