V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 85

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washtn Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. No 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days. (Specify whether
In this community Same time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Joplin - R.F.D. 2
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joshua C. Harris

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie Harris

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Apr. 8 - 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	2	29	hr. min.

9. Birthplace McPherson Co Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name J C Harris
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Ulrich
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 7-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery, Ka

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 7-9-46 (b) Kathryn Yancey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1946 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from 7-2-'46
, 19 , to 7-7-'46 , 19 ;
that I last saw him alive on 7-6-46 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy

Duration

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 B Leslie M.D.
(M. D. or other)

Address Nevada Mo Date signed 7-7-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District Id Number 6-46-141
Date Filed 7-16-46

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jefferson 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.