

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

1. PLACE OF DEATH:

(a) County **Clark**

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

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

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

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clark 23**

(c) City or town **Kahoka**  
(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 **Alpha L. Harris**

3. (b) If veteran, name war **/**

3. (c) Social Security No. **/**

4. Sex **M.** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **M.**

6. (b) Name of husband or wife **Ella Dirm**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased: **Aug. 14 1859**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **11** Days **24** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Payson Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOVER FATHER

12. Name **Hilborn W. Harris**

13. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah Keyport**

15. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ella Harris**

(b) Address **Kahoka Mo.**

17. (a) **Burial** (b) Date thereof **8-11-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Froggs Cemetery**

18. (c) Signature of funeral director **John J. Keeler**

(b) Address **Kahoka Mo.**

19. (a) **10-46** (b) **J.R. Bridges**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **8th**  
year **1946** hour **2** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Aug 8 - 1946** to **Aug 8 - 1946**  
that I last saw him **alive on Aug 8** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**

Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **g. 900**

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **/**

23. Signature **J.R. Bridges** (M. D. or other)  
Address **Kahoka Mo.**

RECEIVED  
District Health Officer No. 10  
District File Number 8-46-1551  
Date Filed AUG 1 1946

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 J. Karle* .....  
Licensed Embalmer No. *1023* .....  
P. O. Address *Kahoka 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.