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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29732

FILED SEP 16 1946

Registration District No. 47

Primary Registration District No. 5164

Registrar's No. 294

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural Fulton Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home R. F. D. # 3 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 3 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Charles A. Harris

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

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

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna Elizabeth Harris

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

7. Birth date of deceased December 28, [redacted] 1871
(Month) (Day) (Year)

8. AGE: Years 74 | Months 8 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name John P. Harris
13. Birthplace ..... Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Elizabeth Harris
(b) Address R. F. D. # 3 Fulton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4, 46
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel Cemetery

18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Fulton, Mo.

19. (a) 9-4-1946 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2
year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Dead and had been dead about 4 hours, 19....;
that I last saw ..... alive on ..... 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death When found - apparently from heart failure - Duration

Due to Deceased was shocking hay alone on the farm

Due to Probably Coronary 1940

Other conditions Thrombosis
(Include pregnancy within 3 months of death)

Major findings: No post mortem
Of operations held
Had not been treated
Of autopsy physician recently

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 3

23. Signature W. Garrett Coroner (M. D. or other)

Address Fulton Mo Date signed 9-3-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-45
Date Filed 9-9-46

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 Denzil E. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.