S. No. 2
M—5-43
. 5-17-39
1 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. 30939

FILED SEP 26 1946

Registration District No. [illegible] Primary Registration District No. 5719 Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Macon

(b) City or town: Rural Bevier Township
(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 ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Macon 61

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

(d) Street No.: Bevier Township
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: JAMES Lee HARRIS

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, widowed, married, divorced: widowed

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: May (Month) 25 (Day) 1871 (Year)

8. AGE: Years 75 Months 3 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace: Linn County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: Farming

FATHER
12. Name: Unknown
13. Birthplace: (City, town, or county) ____ (State or foreign country) 9

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) ____ (State or foreign country) 9

16. (a) Informant: Lee Harris
(b) Address: Bevier Mo RR 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation: West Oakland Cemetery Macon Mo

18. (a) Signature of funeral director: H. G. Edwards
(b) Address: Bevier Mo

19. (a) 9-14-46 (Date received local registrar) Winnie J. Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10 year 1946 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-7, 1946, to 9-10, 1946, that I last saw him alive on 9-10, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chr with Decompensation	2 yrs 2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: Howard Miller (M. D. or other)
Address: Macon Mo Date signed: 9/13/46

1289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-46-1742
Date Filed SEP 20 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 D. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.