

**FILED SEP 30 1946**

Registration District No. .... Primary Registration District No. 3071

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Saline

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

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

(d) Length of stay: In hospital or institution 2 5 years  
(Specify whether years, months or days)

In this community 2 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Saline

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

(d) Street No. 539 Madison St  
(If rural, give location)

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

If yes, name country: .....

3. (a) PRINT FULL NAME George Duncan Harris

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

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1946 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 2 1946 to Sept 18 1946; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or hair White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willie Harris 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Apr 3 18 67  
(Month) (Day) (Year)

Immediate cause of death Myocardial failure Duration 3 days

Due to Thrombosis 2 days

Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Near Slater Saline Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Ex Post Master

Major findings: 97

Cooperations: .....

Of autopsy: .....

MOTHER FATHER

11. Industry or business: .....

12. Name Stephen Wheeler Harris

13. Birthplace Near Slater Saline Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine McLean

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

16. (a) Informant John Harris

(b) Address Slater Mo

17. (a) Burial (b) Date thereof 9-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater City Cemetery

18. (a) Signature of funeral director James Salzer

(b) Address Slater Mo

19. (a) Sept 20, 1946 (b) Mo. Earl C. Metz  
(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? .....

(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 9

23. Signature O. A. McManis Date signed 9/19/46

Address Slater Mo

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

342220

RECEIVED

District Health Officer No. 8,

District Number.....

Date Filed 9-24-42

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.....

Licensed Embalmer No. 957143

P. O. Address..... Slater Me

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.