. S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Phipps

37857

State File No.

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 110

1. PLACE OF DEATH:
(a) County Dunnscot
(b) City or town Caruthersville
(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 (Specify whether
In this community 25 years - years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunnscot 7
(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")
(d) Street No. East 7th St. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Wesley Howell Harris
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March (Month) 14 (Day) 1865 (Year)

8. AGE: Years 81 Months 07 Days 29 If less than one day hr. min.

9. Birthplace Galloway (City, town, or county) Tenn 1 (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business
FATHER
12. Name Alfred Harris 1
13. Birthplace Galloway (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Louise Young 1
15. Birthplace (City, town, or county) North Carolina (State or foreign country)
16. (a) Informant L. A. Carter
(b) Address Denmark, Tenn.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie
18. (a) Signature of funeral director La Forge Und. Co.
(b) Address Caruthersville, Mo.
19. (a) 12-3-46 (Date received local registrar) (b) Tressie B. Wilks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from Oct. 10, 1946 19 to Nov. 11, 1946;
that I last saw him alive on Nov. 11, 1946 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary sclerosis	
Due to Old age.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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 1
23. Signature G. W. Phipps (M. D. or other)
Address Caruthersville, Mo. Date signed 11/21

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

36674

267

(Licensed Embalmer's Statement on Reverse Side)

46

12-46-248

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 Noel C. Deane

Licensed Embalmer No. 3941

P. O. Address Caruthersville, Missouri

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.