

39797

State File No. _____

FILED DEC 17 1946
 Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 291

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Callaway County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution About 13 Hours
 In this community Two Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
(If outside city or town limits, write "RURAL")
 (d) Street No. 815 Court St
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Susan John Harris
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 15 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>8</u>	<u>18</u>	hr. _____ min.

9. Birthplace Auxvasse Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Teacher

11. Industry or business _____
 12. Name Thomas Berry Harris
 13. Birthplace Ky.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Frances Harris
 15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. C. Harris
 (b) Address 815 Court St. Fulton, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-46
(Month) (Day) (Year)
 (c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Hallace Funeral Home
 (b) Address 77 North St. Fulton, Missouri
 19. (a) 12-5-1946 (Date received local register) (b) Joan M. ... (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 3 year 1946 hour 8 minute 35A. M.

21. I hereby certify that I attended the deceased from 9/15 1945 to 12/3 1946
 that I last saw her alive on 12/3 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis
 Due to arteriosclerosis with hypertension - years
 Due to _____
 Other conditions Terminal Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____
 Of autopsy none 930

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? 0

While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Henry D. ... (M. D. or other) W.D.
 Address Fulton, Mo. Date signed 12/5/46

38611 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-10-46

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 C. Browning*
Licensed Embalmer No. 2724
P. O. Address Fulton road

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.