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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 15 1946

Registration District No. 148

Primary Registration District No. 5570

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Near Buckner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at farm home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Buckner (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES WILLIAM HARRIS

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife Not married 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 28 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 21 hr. min.

9. Birthplace Buckner Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm work

12. Name Charles R. Harris

13. Birthplace XX Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Duffield

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

16. (a) Informant Mrs. Jennie Snidle

(b) Address Buckner Missouri 1946

17. (a) burial (b) Date thereof Dec. 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Hill Cem.

18. (a) Signature of funeral director V. M. Reppert

(b) Address Buckner Missouri

19. (a) 12-20-46 (b) V. M. Reppert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 18 1946 to Dec. 19 1946
that I last saw him alive on Dec. 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration Duration 3 mos.

Due to Carcinoma Prostate 2 yrs.

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____
57183

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? 2

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. W. Higgins (M. D. or other) PO-146
Address Buckner Mo. Date signed 12/20

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

39785

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(Licensed Embalmer's Statement on Reverse Side)

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 Personally
[Signature], Registered Apprentice No. _____
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 2321
P. O. Address Buckner

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.