

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1863

State File No.

Registration District No. 221

Primary Registration District No. 5793

Registrar's No. -18-

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Jamestown
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community active life years, months or days

3. (a) PRINT FULL NAME James H. 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 April 2, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 8 19 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Harris

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

14. Maiden name Kitty Hall

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

16. (a) Informant Margaret Kratzer

(b) Address Jamestown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Chas. H. H. H.

(b) Address Jamestown, Mo.

19. (a) 1-13-47 (Date received local registrar) (b) James H. Harris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Jamestown (b) County Montgomery
(c) City or town Jamestown, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10 year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1947 that I last saw him alive on Jan 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic

inoperable

Due to Senility

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. E. Meredith (M. D. or other)

Address Franklin, Mo.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 17 1947

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 Hugh E. Hedding
Licensed Embalmer No. 3537
P. O. Address California 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.