

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 12 1947

Registration District No. 2

Primary Registration District No. 5946

Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town South Meramec Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 1 year

3. (a) PRINT FULL NAME Thomas Harris
3. (b) If veteran, name war _____
3. (c) Social Security No. 496-22-5274

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) 1876 (Year)

8. AGE: Years 71 Months _____ Days don't know If less than one day hr. _____ min. _____

9. Birthplace not known (City, town, or county) _____ (State or foreign country) 9
10. Usual occupation Farm Hand

11. Industry or business _____
12. Name Don't know 9
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____ 9
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Geo Hill
(b) Address Chesterfield MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-1947 (Month) (Day) (Year)

(c) Place: burial or cremation mauncie Tenn
18. (a) Signature of funeral director Paul E. Lickley
(b) Address St James MO
19. (a) May 3, 1947 (Date received local registrar) (b) Registrar's signature Mara E. Birmingham 253

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Phelps 81
(c) City or town Rural St James (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 April day 30 year 1947 hour _____ minute am M.
21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I last saw him _____ alive on _____ 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death chest and head injuries -
Duration 3 1/2 hrs.

Due to burns destroyed home.
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____ 187-8
19

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) Accident - 81
(b) Date of occurrence April 29 1947
(c) Where did injury occur? Whitaker Phelps MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? _____ (e) Means of injury burns
23. Signature Paul E. Lickley (a) _____ (b) _____ (c) _____
Address St James MO Date signed 4/30/47

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..... *Paul E. Liebknecht*.....

Licensed Embalmer No. *3546*.....

P. O. Address..... *St James 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.