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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25181

FILED AUG 13 1947

Registration District No. 299 Primary Registration District No. 4558

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds Co.

(b) City or town Centerville, Mo.

(c) Name of hospital or institution: I

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 2 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME Mr. Charles Bernal Harris Jr.

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

4. Sex Male race Caucasian

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nedra Maxine Conroyton Harris

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Nov 22 1926 (Month) (Day) (Year)

8. AGE: Years 20 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Flat River, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Salesman - Albert Slone

11. Industry or business Albert Slone

12. Name Mr. Charles B. Harris

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

14. Maiden name Minnie Beal Harris

15. Birthplace Near Cherson, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Oliver Harris

(b) Address Flat River, Mo.

17. (a) Burial (b) Date thereof July 2, 1947 (Monthly) (Day) (Year)

(c) Place: burial or cremation Park View, Lexington, Mo.

18. (a) Signature of funeral director Alvin W. Hoop

(b) Address 303 Crane St. Flat River, Mo.

19. (a) by B.W. (b) R.M. Fitzpatrick, M.D. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 29 day 19-47 year 19-47 hour 5-0 minute M.

21. I hereby certify that I attended the deceased from Coroner

that I last saw h. alive on 19. and that death occurred on the date and hour stated above.

Immediate cause of death

Due to ~~Accidental drowning~~

Due to accidental drowning

Other conditions (Include pregnancy within 3 months of death)

Major findings: 183 76

Of operations

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 90

(b) Date of occurrence

(c) Where did injury occur? accident (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J.R. Gault Coroner (Specify type of place) (c) Manner of injury

While at work? (Specify type of place)

Address Flat River, Mo. Date signed 6/2/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 847433

Date Filed 8-12-47

AUG 18 1947

AUG 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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Chase St. 2nd Floor Riverm

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.