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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28343

State File No.

FILED SEP 10 1947

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 309

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering 0
(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 Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1623 Turn Street 4
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME George William Harris

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-07-7097

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Nellie Rose

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

7. Birth date of deceased March 29, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69	5		hr. min.
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9. Birthplace Pike County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Marblehead Lime Company

MOTHER FATHER

12. Name James Harris

13. Birthplace Pike County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Elledge

15. Birthplace Pike County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Winn

(b) Address 3342 Moberly Avenue

17. (a) Burial (b) Date thereof 9/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 902 Broadway Hannibal Missouri

19. (a) 9-5-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1947 hour 10 minute 00 P.A.M.

21. I hereby certify that I attended the deceased from Aug 8
1947 to Aug 29, 1947

that I last saw him alive on Aug 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings: [Signature]

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) 0

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address Hannibal Date signed 9/3/47

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.....

Ernest D. Steele....., Registered Apprentice No. *460*
working under my personal supervision.

Signed *W. Crawford Smith*
Licensed Embalmer No. *3814*

P. O. Address *Hannibal Missouri*

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.