

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31243

State File No. _____
Registrar's No. 3791

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town KC Mo
(c) Name of hospital or institution St Mary's Hospital
(d) Length of stay: In hospital or institution 1 day 4 hrs. 7 min.
In this community 1 day 4 hrs. 7 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Athens
(c) City or town Glouster
(d) Street No. R.R. 4 Ohio State Route 13
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME David Robert Harry
3. (b) If veteran, name war - no
3. (c) Social Security No. none
4. Sex M 5. Color or race W
6. (a) Single widowed, married, divorced
6. (c) Age of husband or wife if alive - years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 5 year 1947 hour 6: minute 50 AM
21. I hereby certify that I attended the deceased from 9-4-47 to 9-5-47
that I last saw him alive on 9-4-47 and that death occurred on the date and hour stated above.

7. Birth date of deceased 9-4-1947
8. AGE: Years - Months - Days 1 4 hr. 7 min.

Immediate cause of death: Pilectasis
Due to Prematurity
Due to Twins in Malposition

9. Birthplace KC Mo.
10. Usual occupation - saw born - twin

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Pilectasis 1000
Of operations
Of autopsy: Cerebral edema & subarachnoid hemorrhage

MOTHER FATHER

11. Industry or business
12. Name Foster Lee Harry
13. Birthplace Glouster Ohio
14. Maiden name Virginia Wade
15. Birthplace Glouster Ohio

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature Jacob P. Farmer (M. D. or other) Address 16305 Brookside Plz Date signed 9-5-47

16. (a) Informant Father
(b) Address R.R. 14 - Glouster, Ohio
17. (c) Removal (b) Date thereof 9/6/47
(c) Place: burial or cremation Glouster, Ohio
18. (a) Signature of funeral director Sebbels
(b) Address City
19. (a) 9-5-47 (Date received local registrar) (b) Straldine Holmes (Registrar's signature)

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

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.....

Ray E. Snow

Licensed Embalmer No. *25760*

P. O. Address.....

15 R 7th

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.