

FILED FEB 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

456

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Boundary St. (Smeltermville Suburb) /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 23 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Earl Harris

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-20-5874

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 18, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>7</u>	<u>13</u>	hr. _____ min.

9. Birthplace Holly Springs, Miss. /
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Harris
 13. Birthplace Holly Springs, Miss. /
(City, town, or county) (State or foreign country)
 14. Maiden name Lucy Cooper
 15. Birthplace Holly Springs, Miss. /
(City, town, or county) (State or foreign country)

16. (a) Informant Lonzo Harris

(b) Address Boundary St. Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Feb. 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 2-4-48 (b) G. C. Summer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau /6
 (c) City or town Cape Girardeau /
(If outside city or town limits, write "RURAL")
 (d) Street No. Bondary St. (Smeltermville Suburb) /4
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
 year 1948 hour 5: minute 10 P. M.

21. I hereby certify that I attended the deceased from July 7
1947 to Jan 31, 1948
 that I last saw him alive on Jan 31, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Cerebral
Vascular
 Due to malignant Hypertension
 Due to _____

Other conditions Uremia
(Include pregnancy within 9 months of death)

Major findings:
 Of operations _____
 Of autopsy 935
 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)
 (c) Means of injury in

23. Signature Edward O. Campbell (M. D. or other) M.D.
 Address 627 Bond Hoff Date signed 2-2-48

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

RECEIVED

District Health Officer No. 4
File Number 248-17
2-11-48

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

David E. Hayes, Registered Apprentice No. 58
working under my personal supervision.

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Breton

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.