o. 2
5-43
7-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1948

Registration District No. 80

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5306

State File No. 4349

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cole

(b) City or town One Mile W of Marion, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: One mile west of Marion (Marion Township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Seven Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

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

(d) Street No. R. F. D.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Virvinia Mary Harris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert Lee Harris

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

7. Birth date of deceased Sept (Month) 28 (Day) 1898 (Year)

8. AGE: Years 49 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Fulton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name J. D. Lander
13. Birthplace Bourbon County (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Climmie Gentry
15. Birthplace Callaway County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Charles Harris
(b) Address Fulton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cem.

18. (a) Signature of funeral director Tanner Service
(b) Address Mt Jefferson

19. (a) Feb. 21 (Date received local registrar) (b) Mrs. Minnie Hettenmeyer (Registrar's signature) 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1948 hour 7 minute 30p M.

21. I hereby certify that I attended the deceased from did not attend deceased. Dead when viewed that I last saw h alive on not seen alive 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, terminal	1 week
Due to Cause not determined	
Due to —	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy not done —	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. P. Leslie (M. D. ~~or other~~)

Address Jefferson City, Mo Date signed 3-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-10-48

MAR 1 7 1948

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 J. W. Anderson

Licensed Embalmer No. 3641

P. O. Address Yuma

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.