

S. No. 2
M-2.43
5-17-39
I. X35667

FILED MAR 24 1948

Registration District No. **169**

Primary Registration District No. **4263**

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

1. PLACE OF DEATH:

(a) County **Knox**

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

(c) Name of hospital or institution: **L 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 **Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox** **50**

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

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

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

3. (a) PRINT FULL NAME **James B. Harris**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Lille M. Cockrum** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **July-15-1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 24 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charles Leonard Harris**

13. Birthplace **uk Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Gaines**

15. Birthplace **Paris Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillie Harris**

(b) Address **Novelty, Mo.**

17. (a) **Burial** (b) Date thereof **March-14-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Novelty Missouri**

18. (a) Signature of funeral director **Arch Hudson**

(b) Address **Edina, Mo.**

19. (a) **Mar 17-48** (b) **Neil S. Nims**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9**
year **1948** hour **11:20** minute _____ P.M.

21. I hereby certify that I attended the deceased from **February 1948** to **Mar 9 1948**
that I last saw **her** alive on **Mar 9 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular-Renal disease** **Feb-1948**
Due to Myocarditis **Mar 9, 1948**
Duration

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **1318**
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)
(e) Means of injury **L**

23. Signature **E. O. Holmes** (M.D. or other) **E. O.**
Address **Novelty Mo** Date signed **3/17/48**

RECEIVED
District Health Officer No. 10
District File Number 3-48-553
Date Filed MAR 22 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 Keith Hudson
Licensed Embalmer No. 2410
P. O. Address Edina, Mo.

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.