No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 22 1948

Registration District No. 333

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4488

State File No. 15143

Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Morley (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / - (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Morley (If outside city or town limits, write "RURAL") 1
(d) Street No. - (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country -

3. (a) PRINT FULL NAME Martin Roff Harris
3. (b) If veteran, name war no
3. (c) Social Security No. -
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Manda
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased aug (Month) 5 (Day) 1887 (Year)

8. AGE: Years 60 Months 5 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Pocahuntas (City, town, or county) Ark (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Evan Harris
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Lucinda Thomas
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Delbert Harris
(b) Address Benton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Morley Cemetery
18. (a) Signature of funeral director John Albritton
(b) Address Sikeston, Mo.
19. (a) 4-15-48 (Date received local registrar) (b) Mrs T F Henry (Registrar's signature) 2 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1948 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 12/8 1947 to 1/28 1948 that I last saw him alive on 1 — 21 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis	?
Due to —	
Due to —	
Other conditions Anemia (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature J A Cline (M. D. ~~or other~~)
Address Oran Mo Date signed 1/30/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 4 48-511
Date Filed 4-15-48

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 _____ Registered Apprentice No. _____, working under my personal supervision.

Signed John Allatton

Licensed Embalmer No. 2941

P. O. Address Silverton Wa

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.