

Registration District No. 324

Primary Registration District No. 6083

Registrar's No. 1198

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Nelson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nelson, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri
(b) City or town Nelson 97
(If outside city or town limits, write "RURAL")
(c) Street No. _____
(If rural, give location)
(d) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JAMES L. HARRIS

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex Male race Col

5. Color Col

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Feb. 23 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace High Creek Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Edmond Harris
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Harris
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Ide Bassett
(b) Address Nelson, Mo

17. (a) Burial (b) Date hereof 5-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson, Mo

18. (a) Signature of funeral director Walter Stone
(b) Address Marshall, Mo

19. (a) 5-22-1948 (b) Sidney Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
48 year. 1 hour 54 minute 8 M.

21. I hereby certify that I attended the deceased from May 15
1948, to May 18, 1948.
that I last saw him alive on May 18, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatitis and
appoplexy

Due to _____
Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)
AB Clark D.O.M.D.

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(c) 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 2

23. Signature AB Clark D.O.M.D.
Address Blackwater Mo Date signed 5-24-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-3-48

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 George R. [Signature]

Licensed Embalmer No. 4220

P. O. Address McCall Dr

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.