

FILED JUL 6 1948

Registration District No. 18

Primary Registration District No. 4165

Registrar's No. 55

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town Gallatin
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Daviess 31
 (c) City or town Gallatin
(If outside city or town limits, write "RURAL") 6
 (d) Street No. --- (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3: (a) PRINT FULL NAME Mary Eliza Harris
 3: (b) If veteran, name war None 3: (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 28
 year 1948 hour 7 minute 05 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Joel Edwin Harris 6. (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased June 21 1868
(Month) (Day) (Year)

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

8. AGE: Years 79 Months 11 Days 7 If less than one day hr. _____ min. _____

Immediate cause of death Cardiovascular renal disease Duration 3 yrs

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

Due to arteriosclerosis, chronic nephritis, cystic calc
 Due to _____

10. Usual occupation Housewife

Other conditions 13
(Includes pregnancy within 3 months of death)

11. Industry or business Own Home

Major findings: Of operations 13
 - Of autopsy !
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER, FATHER { 12. Name Lorenzo Burton
 13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Rader

15. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant J. E. Harris
 (b) Address Gallatin, Missouri

While at work? _____ (Specify type of place)
 (e) Means of injury _____

17. (a) Burial (b) Date thereof 5-31-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Funeral Home
 (b) Address Gallatin, Missouri

23. Signature H. B. Bowers (Name or other)
 Address Gallatin, Mo Date signed 3 June 1948

19. (a) 4 June 1948 (Date received local registrar)
 (b) H. Reginald Engelbert (Registrar's signature)

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

