

FILED JUL 3 1948  
Registration District No. 2220

Primary Registration District No. 6081

State File No. \_\_\_\_\_  
Registrar's No. 39

1. PLACE OF DEATH:

(a) County Ste Genevieve County, Mo.  
(b) City or town Farmington res. P.F.D. No. 2.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Union Pump  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community see his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste Genevieve  
(c) City or town Farmington Mo. P.F.D. No. 2. 95  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME

Mr. George A. Harris

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

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Esther A. Byington Harris 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased Dec 19 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 5 28 hr. min.

9. Birthplace Ste Genevieve Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Got. Sifton Harris  
13. Birthplace Ste Genevieve Co. Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Vandewer  
15. Birthplace \_\_\_\_\_ 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arthur C. Harris (Son)  
(b) Address Afton, Mo.

17. (a) Burial (b) Date thereof June 20-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Three Rivers Woodlawn Park

18. (a) Signature of funeral director Alvin W. King

(b) Address 303 Chase St. Flat River, Mo.

19. (a) 6-30-48 (b) George M. Neal  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1948 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 15  
1948 to June 17, 1948  
that I last saw him alive on June 15, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Cerebral Anterior

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) NO

Major findings: 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 \_\_\_\_\_

23. Signature F. Richard Cook M.D. or other \_\_\_\_\_  
Address Farmington, Mo. Date signed 6-19-48

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

RECEIVED

Health Officer No. 4

File Number 7-48-84

Date Filed 2-2-48

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 *Alois W. Hood*

Licensed Embalmer No. *303 Crane St.*

P. O. Address *Flat River, 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.**