

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23556

FILED AUG 13 1948

Registration District No. 2089

Primary Registration District No. 3043

Registrar's No. 244

1. PLACE OF DEATH:

- (a) County Marion
- (b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: Levering U
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 3 days
(Specify whether

In this community _____
years, months or days)3. (a) PRINT
FULL NAMEMichael Lloyd Harris3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 14, 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

36 9 19 hr. _____ min.

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

10. Usual occupation Automobile Dealer

11. Industry or business Self

12. Name James B. Harris
13. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Woolfe
15. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Harris
- (b) Address 615 Bird Hannibal Missouri
17. (a) Burial (b) Date thereof 8/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director [Signature]
- (b) Address 902 Broadway Hannibal Missouri
19. (a) 8-6-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Marion
- (c) City or town Hannibal
(If outside city or town limits, write "RURAL")
- (d) Street No. 615 Bird
(If rural, give location)
- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1948 hour 12 9 minutes 35 A.M.

21. I hereby certify that I attended the deceased from 7-31 1948, to 8-3 1948
that I last saw him alive on 8-3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

But fat a blood
Cardiac embolism
fractured left femur
the surgical neck

Other conditions _____
(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) accident
- (b) Date of occurrence about 11:51 A.M. 7-31-48
- (c) Where did injury occur? Hannibal Marion Missouri
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? corner 3rd & Broadway
(Specify type of place)
- While at work? No (e) Means of injury auto accident
23. Signature John H. [Signature] (M. D. or other) MD
- Address 101 Bluff Street Hannibal Mo (Designated) 8/4/48

auto coll. with Red.

To whom it may concern:

I, James O'Donnell Coroner of Marion County Missouri, was called August 3rd 1948, to view the remains of Michael L Harris who passed away in Levering Hospital as result of Accident of July 31st 1948. After interviewing all concerned and family of deceased, decided that no inquest would be held.

James O'Donnell
Coroner Of Marion County Mo.

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.