S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. R. Elkins 29474
State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 814

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Weeks (Specify whether
In this community 38 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 430 S. Kimbrough (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Estaloe Harris
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles N. Harris
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Oct. (Month) 17 (Day) 1871 (Year)

8. AGE: Years 76 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Franklin Burns
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Paul Mitchell
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 9-28-48 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1948 hour 1: minute 20 P. M.
21. I hereby certify that I attended the deceased from May 15, 1948, to Sept 26, 1948 that I last saw her alive on Sept 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia
Due to Carcinoma of colon
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Ca. of Colon
Of autopsy —

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. F. Elkins (M. D. or other) M. D.
Address Medicate Bldg Date signed 9-27-48

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 1949

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 Walter E Hamilto

Licensed Embalmer No. 3808

P. O. Address Springfield 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.