

S. No. 300
DM-10-47
Rev. 5-17-39
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29794

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3910

REGDOCT 1 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Barry Jackson

(b) City or town Monett, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST JOSEPH Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence ⁵⁵

(c) City or town Monett
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME Douglas Harris

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I have seen the person on whom the death occurred on the date and hour stated above.

4. Sex m 5. Color or race w

6. (a) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
alive _____ years

7. Birth date of deceased Feb 26 - 1948
(Month) (Day) (Year)

Immediate cause of death Congenital External Hydrocephalus

Due to unknown

Due to _____

8. AGE: Years Months Days If less than one day
76 28 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 157

9. Birthplace Barry County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

Major findings:
Of operations _____

Of autopsy above

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name W. A. Harris

13. Birthplace Lawrence County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Burk

15. Birthplace Lawrence Co. Mo
(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?
R _____ (Specify type of place) _____
3 While at work (e) Means of injury _____

23. Signature Douglas Harris (M.D. or other) _____
Address St Joseph Hospital Date signed 25 Sept 48

16. (a) Informant W. A. Harris

(b) Address MT Vernon Mo

17. (a) Removal (b) Date thereof 9/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Mo

18. (a) Signature of funeral director John P. Shell

(b) Address Kansas City, Mo

19. (a) 9-25-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

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

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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.....

Charles E. Mayfield, Registered Apprentice No. 18
working under my personal supervision.

Signed.....

John P. Steel
Licensed Embalmer No. 3625

P. O. Address K. C. 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.