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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 27 1948

Registration District No. (3)

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5144

State File No. 32165

Registrar's No. 350

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural — Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7 miles North on Wappapello Rd. Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution St Francis (Specify whether

In this community 8 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12

(c) City or town Poplar Bluff, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 7 miles N. on Wappapello Road
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jess Harris

3. (b) If veteran, name war World War I

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 30, 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Ottumwa, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wm. Ruben Harris
13. Birthplace Batavia, Iowa
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Belle Coffman
15. Birthplace Louisville, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie Harris

(b) Address R. 3 — Williamsville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-48
(Month) (Day) (Year)

(c) Place: burial or cremation Butler Co., Mo

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff, Mo.

19. (a) 10/21/48 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1948 hour 1130 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____;

that I last saw h____ alive on ____, 19____;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Poplar Bluff, Mo. Date signed 10/19/48

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 1948

OCT 27 1948

RECEIVED
District Health Office No. 2,
District File Number 0048 1379
Date Filed 10-25-48

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 John M. Davies, Registered Apprentice No. 249, working under my personal supervision.

Signed Grover W Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.