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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36079

FILED NOV 17 1948

Registration District No. 70

Primary Registration District No. 5422

Registrar's No. 148

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett - Rural - Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (Rural) 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 25
(c) City or town Kennett (Rural) 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5½ miles N.W of Kennett
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oscar Thomas Harris
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora Martin Harris
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased October (Month) 24 (Day), 1910 (Year)

8. AGE: Years 38 Months 0 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Dunklin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation farmer
11. Industry or business farm
FATHER
12. Name Thomas M. Harris
13. Birthplace Dunklin (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Francis Redman
15. Birthplace Dunklin (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Paul Harris
(b) Address Kennett - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery - Kennett, Mo
18. (a) Signature of funeral director [signature]
(b) Address Kennett, Mo
19. (a) 11-10-1948 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th
year 1948 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from September 22nd, 1948, to November 6th, 1948, that I last saw him alive on November 5th, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	24 hrs.
Due to Coronary thrombosis	9 mos.
Due to	
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)
(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 Allan H Christiance M. D. or other D.O.
Address Lee Shelton Bldg. Kennett, Mo. Date signed 11-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 1148-1539
Date Filed 11-15-48

JUL 22 1952

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 Arnold R. Moor, Registered Apprentice No. 258, working under my personal supervision.

Signed S. Balmore

Licensed Embalmer No. 2556

P. O. Address Kenneth, 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.