

S. No. 300
V. 10.48

FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1018

42

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5069 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, N Campbell Twsp</u>		c. LENGTH OF STAY (In this place) <u>40 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, North Campbell</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 7, Box 376</u>			d. STREET ADDRESS (If rural, give location) <u>Route 7, Box 376, Springfield, Mo.</u>		
3. NAME OF DECEASED (Type or Print) <u>Alfred</u>			a. (First)	b. (Middle)	c. (Last) <u>Harris</u>
4. DATE OF DEATH <u>January 17 1949</u>		(Month)	(Day)	(Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 26, 1900</u>	
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Edward B Harris</u>		
13b. MOTHER'S MAIDEN NAME <u>Ella Steele</u>			14. NAME OF HUSBAND OR WIFE <u>Lottie Miller Harris</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-05-0760</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lottie Harris, Springfield, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12, 4, 48, 19</u> , to <u>1, 17, 49, 19</u> , that I last saw the deceased alive on <u>Jan. 6, 1949</u> , and that death occurred at <u>10:45 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title)			23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>1, 19, 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 20-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-21-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer Funeral Home</u> ADDRESS <u>Springfield, Mo.</u>	

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

307-87-701 307

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Jewell E. Kindle

Signed _____
Student Embalmer

Licensed Embalmer No. 2831

P. O. Address Springfield

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.