

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19019

BIRTH NO. _____ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 5330 Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Osage</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Osage</u>	
c. LENGTH OF STAY (in this place) <u>all his life</u>		d. STREET ADDRESS (If rural, give location) <u>Near Cherryville Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Monroe</u> b. (Middle) _____ c. (Last) <u>Harris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-2-1949</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>3-20-1864</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fabriming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Crawford Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>
13a. FATHER'S NAME <u>Monro Harris</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Mary Ann Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harrison Harris</u> ADDRESS <u>Cherryville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma-lymphatic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1981	
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) <u>Osage township. Crawford Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Oct. 1948, to May 2, 1949, that I last saw the deceased alive on May 2, 1949, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr. J.</u>	23b. ADDRESS <u>Stedville Mo</u>	23c. DATE SIGNED <u>6/3/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-3-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stedville Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Near Cherryville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Stedville Mo</u>
DATE REC'D BY LOCAL REG. <u>June 4 1949</u>	REGISTRAR'S SIGNATURE <u>Elsie Hanson</u>	

RECEIVED 6/9/49
District Health Officer No. 5,
District File Number 649441
Date Filed 6/16/49

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 LLJ

Student Embalmer No.

working under my personal supervision.

Signed L. J. Jones

Licensed Embalmer No. 2379

Signed
Student Embalmer

P. O. Address Shelville MD

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.