

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22857

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

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Chay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chay</u>	
b. CITY OR TOWN <u>Smithville</u>		c. CITY OR TOWN <u>Smithville</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Platte Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>			
3. NAME OF DECEASED a. (First) <u>ROSCOE</u>		b. (Middle) <u>LEE</u>	
		c. (Last) <u>HARRIS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 2 1949</u>			
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>May 22, 1903</u>
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	
11. BIRTHPLACE (State or foreign country) <u>Chay County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALLEN HARRIS</u>		13b. MOTHER'S MAIDEN NAME <u>Luba CARVER</u>	
14. NAME OF MARRIAGE OR WIFE <u>Kathryn DeMoss HARRIS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-074051</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kathryn Harris</u>		ADDRESS <u>Smithville, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____			
II. 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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>AT HOME</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Smithville Chay Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-2-49 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Shot in left side of head with 229 rifle</u>		<u>24</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Acting CORONOR</u>		23b. ADDRESS <u>313 ARMOUR RD North K.C.</u>	
23c. DATE SIGNED <u>8/2/49</u>			
24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>BURIAL</u>		24b. DATE <u>8/4/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Smithville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 4 - 1949</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchen</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McComas Funeral Home</u>		ADDRESS <u>Smithville, Mo.</u>	

RECEIVED AUG 10
District Health Officer No. 87
District File Number _____
Date Filed 8-10-49

AUG 17 1949

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 AS

working under my personal supervision.

Student AS
Student Embalmer

Student Embalmer No. AS

Signed Owen Boggs

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.