

FILED AUG 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. 26719

BIRTH NO. 132 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jamesport R#2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jamesport R#2 - home of Charlie Rose</u>			
3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1949</u>	
a. (First)		b. (Middle) <u>HARRIS</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>December 9 1883</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u> IF UNDER 6 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Section Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
11. BIRTHPLACE (State or foreign country) <u>Grundy County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>HARRISON HARRIS</u>		13b. MOTHER'S MAIDEN NAME <u>Rosetta Weatherford</u>	
14. NAME OF HUSBAND OR WIFE <u>MAMIE HARRIS (dec)</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></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. CHARLIE ROSE R#2 Jamesport</u>		ADDRESS <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinomatous involvement</u>	
		ANTECEDENT CAUSES <u>Liver and Lymph glands</u>	
		MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>in general</u>	
		DUE TO (c) <u>Primary lesion not known</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>7-6-</u> , 1949, to <u>7-15-</u> , 1949, that I last saw the deceased alive on <u>7-6-</u> , 1949, and that death occurred at <u></u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. Oserson</u>		23b. ADDRESS <u>Trenton Mo</u>	
23c. DATE SIGNED <u>7-16-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Matt Greer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>3 1/2 mi N.E Jamesport Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/17/49</u>		REGISTRAR'S SIGNATURE <u>Drene Jar</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Dupson's by</u>		ADDRESS <u>Trenton, Mo.</u>	

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

1961
State of Missouri

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed J. Gordon Blackman

Licensed Embalmer No. 4602

P. O. Address Trenton, Missouri

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.