

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH29191
State File No. 172

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>172</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give town or town - <u>Mexicosburg</u>)		c. LENGTH OF STAY (in this place) <u>2da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsburg</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Vollie</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Harris</u>	
4. DATE OF DEATH		(Month) <u>Sept</u>		(Day) <u>28th</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan 27 th 1918</u>	
9. AGE (in years last birthday) <u>31</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 1 MRES. Hours <u> </u> Min. <u> </u>			
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> </u>		11. BIRTHPLACE (State or foreign country) <u>Williamsburg Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Vollie C. Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes World 2.</u>		16. SOCIAL SECURITY NO. <u>Yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vollie C. Harris</u> ADDRESS <u>Williamsburg 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic interstitial nephritis - uremia</u> b. ANTECEDENT CAUSES <u> </u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> 11. OTHER SIGNIFICANT CONDITIONS <u> </u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>family 3 hrs 48 hrs</u> <u>592X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Mo Audrain Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>Sept 26, 1949, to Sept 28, 1949</u> , that I last saw the deceased alive on <u>26 Sept, 1949</u> , and that death occurred at <u>1:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry J. O'Brien M.D.</u>				23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>9-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 1st 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Johnson's Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Near Williamsburg Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 28 1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.W. HOPKINS</u>		ADDRESS <u>MONTGOMERY CITH MO</u>	

NOV 8 1949

RECEIVED OCT 5 1949
District Health Officer No. _____
District File Number 10-49-
Date Filed OCT 5 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, ^{XX} on the 5
day of Sept 1949

working under my personal supervision.

Student Embalmer No. _____



Signed C. W. Hopkins

Signed _____
Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.