No. 300
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FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29669

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 4132 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOLT
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holt
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): MILTON
c. (Last): HARRIS

4. DATE OF DEATH (Month) (Day) (Year): AUG 20 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 17, 1878
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 8, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BANKER
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL BANKING
11. BIRTHPLACE (State or foreign country): CLAY COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MOSES HARRIS
13b. MOTHER'S MAIDEN NAME: BELLE McCOMAS
14. NAME OF HUSBAND OR WIFE: NELLIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: Robert G. Harris — ADDRESS: Holt, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension — 2 years
DUE TO (c) Chronic myocarditis & auricular fibrillation — time?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
352X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

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): Holt — (COUNTY): Clay — (STATE): Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Aug 1, 1949, *to* Aug 20, 1949, *that I last saw the deceased alive on* Aug 19, 1949, *and that death occurred at* 1:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Petrus E Buehrer (M.D.)
23b. ADDRESS: Lawson
23c. DATE SIGNED: Aug 20, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 22-49
24c. NAME OF CEMETERY OR CREMATORY: Edinburg
24d. LOCATION (City, town, or county): Grundy Co — (State): Mo

DATE REC'D BY LOCAL REG.: Aug 20. 1949
REGISTRAR'S SIGNATURE: Minnie Haynes
25. FUNERAL DIRECTOR'S SIGNATURE: Leonard Fry — ADDRESS: Kearney Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 29
District Health Officer No. 8,
District File Number.....
Date Filed 9-16-49

JUL 16 1953

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.

Student .....
Student Embalmer

Signed Leonard Fry
Licensed Embalmer No. 1677
P. O. Address Kearney 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.