

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 7733

0164

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

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>131</u>				
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau 4 mos.</u>		c. LENGTH OF STAY (In this place) <u>4 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau 0164</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>220 S. Spruener St.</u>				d. STREET ADDRESS (If rural, give location) <u>220 S. Spruener</u>						
3. NAME OF DECEASED (Type or Print) <u>FRANKLIN ROY HARRIS</u>			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 19, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED—(Specify)		8. DATE OF BIRTH <u>Nov. 5 1877</u>		
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Shelbyville, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Daniel Everett Harris</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Orash</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Kongler</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Harris</u>					ADDRESS <u>Cape Girardeau, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Eipis + Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Purulent Bronchitis</u> DUE TO (c) <u>Malignant Bronchial Adenoma</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>10 days</u> <u>3 months</u>		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>						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)		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>Nov.</u> , 19 <u>60</u> , to <u>3/19</u> , 19 <u>51</u> ; that I last saw the deceased alive on <u>3/15</u> , 19 <u>51</u> , and that death occurred at <u>1:35 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>C. W. Wiley</u>				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>3/24/51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 20 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Balch Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Advance, Mo. R-4</u>				
DATE REC'D BY LOCAL REG. <u>3-27-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. Morgan</u>				
						ADDRESS <u>Advance, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 3 1951

DISTRICT HEALTH OFFICE No. 6

to No.

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.....

William H. Morgan

working under my personal supervision.

Student Embalmer No.

Signed *William H. Morgan*

Signed.....
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Adrian, MI*

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.