

STANDARD CERTIFICATE OF DEATH

State File No. 41286

DEC 10 1952

BIRTH NO. 77887 REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Elk township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Elk Township	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Ella	b. (Middle) Dock	c. (Last) Harris	
5. SEX female		6. COLOR OR RACE black	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 3 1952	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME James Harris		13b. MOTHER'S MAIDEN NAME Elnetine Coleman	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Harris Parma Mo; Rt. 1	
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) Natural cause of death unknown, marasmus believed to be a contributing factor. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) tributing factor. 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)		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 -----, 19-----, to -----, 19-----, that I last saw the deceased alive on -----, 19-----, and that death occurred at 6.00 Pm , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	
Way W. Ranier, Coroner		Dexter, Missouri	
23c. DATE SIGNED 11-26-52			
24a. BURIAL, CREMATION, REINTERMENT (Specify)		24b. DATE	
burial		Nov. 26 1952	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Colored Cemetery on ditch		8 NW Parma Stoddard County	
DATE REC'D BY LOCAL REG. 12/5/52		REGISTRAR'S SIGNATURE Valma D. Jenkins	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Parma Mo.	
D. Puswonger			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Body not embalmed

Body