

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1956

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6689**

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan b. COUNTY Saginaw c. CITY OR TOWN Saginaw d. STREET ADDRESS (If outside, give location) 8210 3	
3. NAME OF DECEASED (Type or print) First Jean Middle Marie Last Harris		4. DATE OF DEATH Month July Day 16 Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. AGE (In years last birthday) 11 IF UNDER 1 YEAR: Months 11 Days 11 Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	
11. BIRTHPLACE (City and state or country) Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Earl J. Harris		14. MOTHER'S MAIDEN NAME Margaret Hall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. None	
17. INFORMANT Margaret Harris		Address Saginaw, Michigan	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Skull; (b) Brain Injury, suffered in (c) automobile accident near Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) Ball, Missouri, on July 15 DUE TO (b) and manner of same could not be determined			19. INTERVAL BETWEEN ONSET AND DEATH YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> open Verdict		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1956. Fracture, Place, Cause and manner of same could not be determined	
20c. TIME OF INJURY Hour 7.15.6 a. m. 7.15.6 p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 081 E...	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 081 E...	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>340 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James M. Kelly Deputy Coroner</i>		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 7-17-56		23a. BURNIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 7-17-56		23c. NAME OF CEMETERY OR CREMATORY Local	
23d. LOCATION (City, town, or county) (State) Saginaw, Michigan		24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington	
25. DATE RECD. BY LOCAL REG. JUL 17 1956		25. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed *J. W. Dunkley*.....

Licensed Embalmer No. *365*

P. O. Address *St. Paul*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.