

No. 2  
-5-42  
5-17-39  
Y X3125

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34844

State File No. \_\_\_\_\_

ED NOV 12 1943 137

Registration District No. \_\_\_\_\_

Primary Registration District No. 3023

Registrar's No. 200

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home N. Water 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. N. Water  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRED HARRIS

3. (b) If veteran, name war L 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race 2 Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Henry County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Cabman

11. Industry or business \_\_\_\_\_

12. Name unknown

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Reed  
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof Oct 11 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Cemetery

18. (a) Signature of funeral director Spauldan  
(b) Address Clinton Mo

19. (a) Oct 11, 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th  
year 1943 hour 1:20 AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Oct 5, 1943  
to Oct 9, 1943  
that I last saw him alive on Oct 5, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis  
Duration \_\_\_\_\_

Due to Nephritis following prostatic white cystitis  
Due to Arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations 61  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Geo W. [unclear] (M.D. or other) \_\_\_\_\_  
Address Clinton Mo Date signed 10-10-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

10-43-1250  
11-18-43

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 me  
myself., Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision

Signed W. Kenneth Jackson  
Licensed Embalmer No. 3954  
P. O. Address Clinton 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.