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7-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41501

Registration District No. 737

Primary Registration District No. 3023

Registrar's No. 278

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 Wengel Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether)

In this community 2 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Princeton (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile So. County line Bldg. 20
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James William Harris

3. (b) If veteran, name war -

3. (c) Social Security No. none

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased 3 26 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>9</u>	<u>2</u>	<u>hr. min.</u>

9. Birthplace St. Clair Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm J. Harris

13. Birthplace Clinton Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Foster

15. Birthplace St. Clair Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant M. P. Eganole

(b) Address Lawry City, Mo.

17. (a) Burial (b) Date thereof 12-31-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Frank McWhorter

(b) Address Clinton Mo.

19. (a) 12-30-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12/16
1947 to 12-28 1947
that I last saw h.i.m. alive on Dec 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block
lobar pneumonia
Senility
arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 8

Major findings: Of operations 10

Of autopsy 1

PHYSICIAN -
Underline the cause of 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? _____
(Specify type of place)

While at work? _____ Means of injury 2

23. Signature Bus & West (I. D. of doctor) 2
Address Clinton Mo Date signed 12/30/47

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

MOTHER FATHER

RECEIVED.

District Health Officer No. 7,

District File Number 12-47-2017

Date Filed _____

JUN 1 1948

JUN 4 1948

210

34
11

1500

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 _____

Fred E. Wilkerson; Registered Apprentice No. 434
working under my personal supervision.

Signed Fred Wilkerson

Licensed Embalmer No. 2478

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.