

No. 2
-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **912**

FILED FEB 4 1948

Registration District No. **157** Primary Registration District No. **5517** Registrar's No. **20**

1. PLACE OF DEATH:

(a) County **Henry County, Mo.**

(b) City or town **R.F.D. Leeton, TERC TWP**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence
(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**,
years, months or days)

3. (a) PRINT FULL NAME **Sarah Lelia Harris**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widow**

6. (b) Name of husband or wife..... **Samuel Woods Harris**

6. (c) Age of husband or wife if alive..... **Dead**, years

7. Birth date of deceased..... **June 22, 1861**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	6	25	hr. min

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

10. Usual occupation..... **House Wife**

11. Industry or business.....

MOTHER FATHER

12. Name **William R. Wall**

13. Birthplace..... **N.C.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary F. Wall**

15. Birthplace..... **N.C.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Jack Harris**

(b) Address **R.F.D. Leeton, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **I-19-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Laurel Oak, Windsor, Mo.**

18. (a) Signature of funeral director **R.A. Branning**

(b) Address **Warrensburg, Missouri**

19. (a) **1-26-48** (Date received local registrar)

(b) **R.R. Kenney** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County **Henry**

(c) City or town **R.F.D. Leeton, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **TERC TWP**
(If rural, give location)

(e) Citizen of foreign country? **No**..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **January** day **17th.**
year **1948** hour **I** minute **45 P.M.** M.

21. I hereby certify that I attended the deceased from **Aug 16**
1946, to **January 17th.** 19 **48**
that I last saw her alive on **Jan. 17th.** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Central Hemorrhage**

Due to **Arteriosclerosis**

Due to.....

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

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?..... (e) Means of injury.....

Major findings:
Of operations..... **S3 A**

Of autopsy.....

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

23. Signature **Jack Windsor** (M. D. or other) **MD**

Address **Windsor, Missouri** Date signed **I-18-48**

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

RECEIVED
District Health Officer No. 7,
District File Number 1-48-12
Date Filed 2-3-48

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
....., Registered Apprentice No.
working under my personal supervision.

Signed: R. A. Branninger
Licensed Embalmer No. 3377
P. O. Address Warrensburg, 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.