

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1949

State File No. _____

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4212 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blairstown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blairstown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
3. NAME OF DECEASED a. (First) <u>EMMA</u> b. (Middle) <u>UNKNOWN</u> c. (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6 1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Feb. 24, 1869</u>
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>6</u>	11. DAYS <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>/</u>	11. BIRTHPLACE (State or foreign country) <u>Richman Co, Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>RICHARD KELLISON</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY KATHYRN CLARK</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL HARRIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>/</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS JENNINGS ATKINS, Blairstown, Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>794X</u>	
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) _____ m.	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 <u>1949</u> , to <u>9/6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9/6</u> , 19 <u>49</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. J. Prill M.D.</u>		23b. ADDRESS <u>2 Clinton mo</u>	23c. DATE SIGNED <u>9/7/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Sept. 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blairstown, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Blairstown, Mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 8-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Cook</u>	ADDRESS <u>Chelover, Mo</u>

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

RECEIVED

District Health Officer No. 7,

District File Number 8-49-108

Date Filed 9-12-49

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed _____

J. W. Cook

Licensed Embalmer No. 4335

P. O. Address Chilhowee, Md

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.