

REC'D OCT 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31928
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 977
 (c) City St. Joseph (d) Street No. _____ Missouri Methodist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Marvin Lloyd Harris

(a) Residence, No. _____ St. Savannah, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16, 1926				
7. AGE	YEARS 12	MONTHS 11	DAYS 5	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student			
	9. Industry or business in which work was done, as saw mill, bank, etc. Cherry Grove School			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) <u>Savannah, Missouri</u>				
FATHER	13. NAME <u>Carl B. Harris</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Andrew County, Missouri.</u>			
MOTHER	15. MAIDEN NAME <u>Lea Farrow</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Andrew County, Missouri</u>			
17. INFORMANT <u>Carl B. Harris</u> (ADDRESS) <u>Savannah, Missouri, Route #3</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star, Missouri</u> DATE <u>September 23, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Walter Meierhoffer</u> (ADDRESS) <u>1302 Faraon St., St. Joseph, Mo.</u>				
20. FILED <u>9-23-39</u> <u>W. W. W. W. W.</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-20-1939 to 9-21-1939
 I last saw him alive on 9-21-1939. Death is said to have occurred on the date stated above, at 1:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral edema
medullary compression
 Date of onset 9-21-39
 Other contributory causes of importance:
fall from tree -
fracture of skull
 Date 9-20-39
 Name of operation craniotomy Date of 9-21-39
 What test confirmed diagnosis? Operation Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acc Date of injury 9-20-1939
 Where did injury occur? Savannah, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury home
 Nature of injury fall from tree - fracture of skull - laceration of brain
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Paul J. J. J. M. D.
 (Address) Tootle Bldg., St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, only

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

H. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

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, above space should be left blank.