

MAP 1.1 1941
Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH: **Buchanan**
(a) County **St. Joseph**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **Nursing Home 41010 Henry St.**
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution **Nov. 3, 1940**
(Specify whether
In this community **since Nov. 5, 1940**
years, months or days)

3. (a) PRINT FULL NAME **Henry S. Harris**
3. (b) If veteran, name war **—**
3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ella S.** 6. (c) Age of husband or wife if alive **75 years**
7. Birth date of deceased **Jan 18 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **26** If less than one day hr. min.

9. Birthplace **(unknown) New York**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

MOTHER FATHER
11. Industry or business **—**
12. Name **Lynnan Harris**
13. Birthplace **New York State**
(City, town, or county) (State or foreign country)
14. Maiden name **Gene Camp**
15. Birthplace **Parisville New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **John**
(b) Address **Cameron Mo.**
17. (a) **Burial** (b) Date thereof **Feb. 16, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Delano Cem. Cameron**
18. (a) Signature of funeral director **Poland Funeral Home**
(b) Address **Cameron**

19. (a) **2/15/41** (b) **H. Westbush**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **DeKalb 32**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **New Cameron R.R. 0**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **1** years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **14**
year **1941** hour **11.10 P.M.** minute **—** M.

21. I hereby certify that I attended the deceased from **Jan 10** 19 **40** to **Feb 14** 19 **41**
that I last saw him alive on **Jan 20** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxia**
Due to **—**
Due to **—**

Other conditions **—**
(Include pregnancy within 3 months of death)
Major findings: **—**
Of operations **—**
Of autopsy **no**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(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?
85 (Specify type of place) While at work? **—** (b) Means of injury **—**

23. Signature **M. L. Litter** (M. D. or other) **M.D.**
Address **Cameron Mo** Date signed **12-14-41**

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *James Scott Huchshorn*

Licensed Embalmer No. *4092*

P. O. Address *Cameron, 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, fact should be so stated above.