

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Empire Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural #1, Union Star
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 48 years 0 months 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rural #1, Union
(If outside city or town limits, write "RURAL")
(d) Street No. Union Star
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th.
year 1942 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Oct 20 to June 11
that I last saw him in alive on June 9
and that death occurred on the date and hour stated above.

Immediate cause of death acute Heart Block
Due to Ecstasy condition
Due to Supura Hemorrhagia
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 95a
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to 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 _____ (e) Means of injury _____
23. Signature J. Allen Thacker (M. D. or other)
Address Savannah Date signed June 11 1942

3. (a) PRINT FULL NAME Carl Benjamin Harris

3. (b) If veteran, name war World War #1 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lea Harris 6. (c) Age of husband or wife if alive 46 years 9 months 1894 (Year)

7. Birth date of deceased June (Month) 9 (Day) 1894 (Year)

8. AGE: Years 48 Months 0 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Rochester Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Benjamin Harris

13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Anna Addington

15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lea Harris

(b) Address R.R. #2, Union Star, Mo.

17. (a) Burial (b) Date thereof 6-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Cemetery

18. (a) Signature of funeral director Halter Meierhoffer

(b) Address 13th. & Parson Sts., St. Joseph, Mo.

19. (a) 6-13-42 (b) J.H. Fitchman
(Date received local registrar) (Registrar's signature)

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

2
0
0

1072

JUL 13 1942

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.....

Licensed Embalmer No. 3300 Missouri

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, fact should be so stated above.