

FILED MAR 16 1945

Registration District No. 49

Primary Registration District No. 4168

Registrar's No. 18

1. PLACE OF DEATH:

(a) County DE KALB  
(b) City or town MAYSVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME HENRY THOMPSON HARRIS

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LDA HARRIS 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased APRIL 26 - 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace BUCHANAN Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name JOHN W. HARRIS

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

14. Maiden name SUSAN BURNHAM

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

16. (a) Informant B B Harris

(b) Address Maysville MO

17. (a) BURIAL (b) Date thereof 2-16-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial AMITY MO

18. (a) Signature of undertaker Wesley Finney Home

(b) Address Maysville MO

19. (a) 2-14 (b) John Cron  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DE KALB  
(c) City or town MAYSVILLE  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 13  
year 1945 hour 3 minute 15 AM.

21. I hereby certify that I attended the deceased from Oct 14  
1944 to Feb 13 19 45

that I last saw him alive on Feb 13 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Endocarditis

Due to \_\_\_\_\_

Due to 920

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Wesley Finney (M. D. or other) 2-14

Address Maysville MO Date signed 2-14

Duration

3

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FW 21 of 1945 | 368

(Licensed Embalmer's Statement on Reverse Side)

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. 3960

P. O. Address Myrtle Ms

**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.**