

FILED SEP 26 1948
Registration District No. _____

Primary Registration District No. 3052

Registrar's No. 369

1. PLACE OF DEATH: **Pettis**

(a) County **Pettis**

(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether years, months or days)

In this community **1 mo.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**

(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")

(d) Street No. **1217 West 4th St.**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **JENNER WINTON HARRIS**

3. (b) If veteran, name war _____

3. (c) Social Security No. **704-09-5393**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **3** year **1946** hour **9.05** minute **PM**

21. I hereby certify that I attended the deceased from **over 30 days** 19. to **Sept 3** 19. **46**

that I last saw him alive on **Sept 3** 19. **46**

and that death occurred on the date and hour stated above.

4. Sex **Male** 0

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Wid.** 2

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 18 1867**
(Month) (Day) (Year)

Immediate cause of death **Chc. Myocarditis**

Due to **Arteriosclerosis**

Due to **Malnutrition - Dental Caries**

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **None 93D**

Of autopsy **None**

8. AGE: Years Months Days If less than one day

79 **1** **15** hr. min.

9. Birthplace **Ga.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **Austin Gillison Harris**

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

14. Maiden name **Sarah Jane Brown**

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

16. (a) Informant **Mrs. Estelle Walker**

(b) Address **1217 W. 4th St. Sedalia Mo.**

17. (a) Removal **Removal** (b) Date thereof **9/6/46**
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation **Chattanooga, Tenn.**

18. (a) Signature of funeral director **Jes. Willard**

(b) Address **Sedalia**

19. (a) **9/5/46** (b) **Betty Yeager**
(Date received local registrar) (Registrar's Signature)

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? **None**
(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 **Jno B. Carlisle M.D.** (M. D. or other) _____

Address **Sedalia Mo.** Date signed **9-5-46**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-14-46

SEP
SEP 27 1946

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 Geo. Dillard
Licensed Embalmer No. 3868
P. O. Address Sedalia

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.