FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 10 1947

Registration District No. 3724

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36737

Primary Registration District No. 3072

Registrar's No. 218

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days
In this community: Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.: 768 W. Boyd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Jesse James Harris Sr.
3. (b) If veteran, name war: W.W. II
3. (c) Social Security No.: 499-14-5848
4. Sex: M.
5. Color or race: Negro
6. (a) Single, Married, Widowed, Divorced: Married
6. (b) Name of husband or wife: Mrs. Sadie K. Harris
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: Oct. 17, 1921 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
26	-	10	hr. min.

9. Birthplace: Saline County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Section Helper
11. Industry or business: Rail Roading

MOTHER FATHER
12. Name: Charles Harris
13. Birthplace: Saline Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Cecil Wood
15. Birthplace: Saline County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Charles Harris
(b) Address: Marshall, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshall, Mo.
18. (a) Signature of funeral director: Green & Sons
(b) Address: Marshall, Missouri
19. (a) 11/3/47 (Date received by local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 28
47 year: hour: 4 minute: 30 A.M.
21. I hereby certify that I attended the deceased from Oct 26 1947 to Oct. 28 1947 that I last saw him alive on Oct. 27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage into the Central Nervous System — Duration: Short
Due to: Trauma (Auto-Wreck) — Duration: Sudden
Due to:
Other conditions: Paralysis
(Include pregnancy within 3 months of death)
Major findings: Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: Oct. 26 1947
(c) Where did injury occur? My car Marshall Saline Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 65 (Specify type of place)
While at work? (e) Means of injury: Collision

23. Signature: W Donaldson (M. D. or other)
Address: Marshall Mo. Date signed: 10-29-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 2
—1/47
5-17-39

RECEIVED
District Health Officer No. 6
District File Number _____
Date Filed 11-2-47

APR 2 - 1948

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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 George N. Green

Licensed Embalmer No. L 220

P. O. Address Marshall, Mo.

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.