

FILED JUL 3 1948
Registration District No. 2230

Primary Registration District No. 6081

State File No. _____
Registrar's No. 394

1. PLACE OF DEATH:
(a) County St. Genevieve County, Mo.
(b) City or town Farmington, Mo. R.F.D. No. 2.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Union Pump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community see his life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Genevieve
(c) City or town Farmington, Mo. R.F.D. No. 2. 95
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Mr. George A. Harris
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17
year 1948 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 15
1948 to June 17, 1948
that I last saw him alive on June 15, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or white race Cauc
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Esther A. Byington Harris 6. (c) Age of husband or wife if 83 years
7. Birth date of deceased Dec 19 1858
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration _____

8. AGE: Years 89 Months 5 Days 28
If less than one day _____ hr. _____ min.

Due to Cerebral Arteriosclerosis
Due to _____

9. Birthplace St. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

MOTHER FATHER { 12. Name Got. Clifton Harris
13. Birthplace St. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Vandewer
15. Birthplace _____
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) NO
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Arthur C. Harris (Son)
(b) Address Afton, Mo.

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? _____

17. (a) Burial (b) Date thereof June 20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Three Rivers Woodmen Park

18. (a) Signature of funeral director Alvin W. Harris
(b) Address 303 Chase St. Flat River, Mo.

While at work? _____ (Specify type of place) (c) Means of injury 0

19. (a) 6-30-48 (b) George M. Neal
(Date received local registrar) (Registrar's signature)

23. Signature F. Richard Cook, D. O.
Address Farmington, Mo. Date signed 6-19-48

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

RECEIVED

District Health Officer No. 4
District File Number 2-48-84
Date Filed 2-2-48

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 Alois W. Hood

Licensed Embalmer No. 303 Crane St.

P. O. Address Flat River, 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.