

FILED MAR 11 1943

Registration District No. 221

Primary Registration District No. 4331

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Jamestown
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Douglas Eugene Harris

3. (b) If veteran, name war. X

3. (c) Social Security No. X

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced X

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. Jan 24 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 21 Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Eugene Harris

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

14. Maiden name Eva Lee Harris

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

16. (a) Informant Eugene Harris

(b) Address Jamestown, Mo.

17. (a) Interment (Burial, cremation, or removal) (b) Date thereof Feb 14 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Interment

18. (a) Signature of funeral director Chas. C. Fullbride

(b) Address Jamestown

19. (a) 2-16-43 (Date received local registrar) (b) Trace Bentz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 15 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 24 1943 to Feb 14 1943 that I last saw him alive on Feb 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Left lower lobe Duration 2 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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?

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

23. Signature Kerwyn Latham (M. D. or other) Address California, Mo Date signed 2-16-43

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.....

P. O. Address.....

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7046
Registrar's No. _____

Registration District No. _____

Primary Registration District No. 4331

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town James town
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Douglas E Harris

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 8
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town James town (If outside city or town limits, write "RURAL")
(d) Street No. Rural R. No. 1 (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 _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death broncho pneumonia 2d

Due to _____

Due to _____

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)
(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

