

FILED JUL 9 1948

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Cooper Co.
(b) City or town Boonville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hosp
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 6. Morgan (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hughes Deamus HARRIS
3. (b) If veteran, name war _____
3. (c) Social Security No. 496-10-2934

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1948 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from 2-2-48
....., 19....., to 6-29-48, 19.....;
that I last saw him alive on 6-29-48, 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary edema Duration 3 days

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Harris 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 26 1882
(Month) (Day) (Year)

Due to adenocarcinoma metastatic Duration 4 1/2 months
Primary cause undetermined
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
66 0 3 hr. min.

Major findings:
Of operations Prostatectomy and
Tomus (metastatic)
Of autopsy none 152
Physician _____
Underline the cause of which death should be charged statistically.

9. Birthplace Monticello Co. Mo. D
(City, town, or county) (State or foreign country)
10. Usual occupation Farming

11. Industry or business _____
12. Name James H. Harris
13. Birthplace Monticello Co. Mo. D
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda McClamban
15. Birthplace Cooper Co. Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Wm O. Harris
(b) Address James town Mo.
17. (a) Burial (b) Date thereof 7-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem. James town
18. (a) Signature of funeral director Hugh E. Williams
(b) Address California Mo.
19. (a) 6-29-48 (b) DeWagner
(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) _____
(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 Born Stuart (M. D. or other) M.D.
Address 329 Main St. Date signed 6/25/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number 7-8-48

Date Filed 7-8-48

JUL 16 1948

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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.