

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13916-****FILED** APR 24 1946Registration District No. **228**Primary Registration District No. **5796**Registrar's No. **53**

1. PLACE OF DEATH:

- (a) County **Monticau**
 (b) City or town **Rural**
 (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 **ROY EUGENE HARRIS**

3. (b) If veteran, name war 3. (c) Social Security No. **495-12-2911**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Elvabe Harris** 6. (c) Age of husband or wife if alive **28** years
 7. Birth date of deceased **Sept 15th 1912**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 6 7 hr. min.

9. Birthplace **Cooper Co. Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Ray Elmer Harris**
 13. Birthplace **Monticau Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Jennie Edna**
 15. Birthplace **James town Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eugene Harris**
 (b) Address **James town Mo.**

17. (a) **Burial** (b) Date thereof **4-7-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Union Cem. James town Mo.**

18. (a) Signature of funeral director **Wm. E. Stettin**

- (b) Address **California Mo.**

19. (a) **4-16-46** (b) **H. R. Debejay**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo.** (b) County **Monticau**
 (c) City or town **Rural**
 (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 **Apr** day **5**
 year **46** hour minute M.

21. I hereby certify that I attended the deceased from **in**, 19____, to **in**, 19____;

that I last saw him alive on **in**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Crushed head & chest.**

Due to **Car wreck**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **none**

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

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) **Accident**
 (b) Date of occurrence **4-5-46**
 (c) Where did injury occur? **California Monticau Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home on farm, in industrial place, in public place?
On highway

While at work? **no** (Specify type of place) (e) Means of injury **Automobile**

23. Signature **H. R. Debejay** (M. D. or other)
 Address **California Mo.** Date signed **4-8-46**

(Licensed Embalmer's Statement on Reverse Side)

202

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-22-46

APR 30 1946

MAY 10 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.....

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 538

Registration District No. 224

Primary Registration District No. 5796

1. PLACE OF DEATH:

(a) County moniteau
(b) City or town Rural
(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

Ray E. Harris

3. (b) If veteran, name war: 1 3. (c) Social Security No. No

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: (Month) Sept (Day) 15 (Year) 1946

8. AGE: Years 33 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation:

11. Industry or business:

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation:

18. (a) Signature of funeral director:

(b) Address:

19. (a) (Date received local registrar) (b) (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 May year 1946 hour 5 minute M

21. I hereby certify that I attended the deceased from to 19: that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death:

Due to This accident
Due to accident on highway
Other conditions: state highway
(Include pregnancy within 3 months of death)

Major findings: Uninvolved, he ran into ditch along
Of operations: along ditch along road
Of autopsy: road ditch
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) Accident

(b) Date of occurrence:

(c) Where did injury occur? 2 mile. (approx.)
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On highway

While at work? No (Specify type of place) (e) Means of injury Truck

23. Signature R. E. Harris (M. D. or other)

Address Tarleton Date signed 4/24/46

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

12830

SUPPLEMENTARY

13916