

AUG 16 1940

Registration District No. 318-324

Primary Registration District No. 5449

Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution:
Highway # 13- 8or 9 miles north of Springfield
(d) Length of stay: In hospital or institution 3
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo.
(d) Street No. 829 Garfield
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Le Roy Harris
8. (b) If veteran, 448-10-1513 name war
3. (c) Social Security No. None

4. Sex Male 6. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 30 1920
(Month) (Day) (Year)

8. AGE: Years 20 Months 5 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name John E. Harris
13. Birthplace Sparta, Mo.
14. Maiden name Sylvia Ethel Cates
15. Birthplace Springfield, Mo.

16. (a) Informant John E. Harris
(b) Address 829 Garfield, Mo.
17. (a) Burial (b) Date thereof July 30, 1940
(c) Place: burial or cremation Bassville, Mo.

18. (a) Signature of funeral director: Dunn Funeral Home
(b) Address 629 W. Walnut, Springfield, Mo.
19. (a) 7-29-40 (b) Mrs. Vera Freeman
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1940 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on July 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck

Due to crushed car

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) Accident
(b) Date of occurrence July 27 1940
(c) Where did injury occur? Rock Hill, Greene, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Highway # 13

While at work? Yes (e) Means of injury crushed car

23. Signature R. M. White (M. D. or other) 5
Address Cover, Greene County Date signed 7/29/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

Greene County Health Office,

County File Number 40-8-58

Date Filed 8-12-40

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

Thasus Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.