

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 307

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Poplar Bluff  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME CHARLOTTE YVONNE HARRIS

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced ✓

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

7. Birth date of deceased 7th (Month) 18 (Day) 1939 (Year)

8. AGE: Years 3 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation ✓

11. Industry or business ✓

MOTHER FATHER  
12. Name Marvin Harris  
13. Birthplace Paragould Ark. (City, town, or county) (State or foreign country)  
14. Maiden name Otha Greach  
15. Birthplace Doripshan Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Marvin Harris

(b) Address Poplar Bluff

17. (a) Burial (b) Date thereof 10-4-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinsley

18. (a) Signature of funeral director Wendie Lee

(b) Address Poplar Bluff Mo.

19. (a) 10-5-40 (b) Chutson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler  
(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13 1940 year 13 hour 30 minute 4 A.M.

21. I hereby certify that I attended the deceased from 10-2-40 \_\_\_\_\_, 19\_\_\_\_, to 10-3-40 \_\_\_\_\_, 1940.  
that I last saw her alive on 10-3-40 \_\_\_\_\_, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 2 days

Due to \_\_\_\_\_

Due to 105

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)

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

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

23. Signature A. F. Brooker M.D. (M. D. or other) 1

Address Poplar Bluff Date signed 10-3-40

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

**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

*Bryan Mc Card*

Licensed Embalmer No. *4079*

P. O. Address *Naylor 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, above space should be left blank.**