

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

77497

State File No.

MAR 25 1941

Registration District No. 920

Primary Registration District No. 5658

Registrar's No.

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Ocie Rural Big Creek
(c) Name of hospital or institution: 1
(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 FULLNAME Ora L. Harless

3. (b) If veteran, name war World 3. (c) Social Security No. 486-24-0798

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Mattie Harless 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April 17 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 11 20 hr. min.

9. Birthplace Christian Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name A. L. Harless

13. Birthplace Hickory Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Thornton

15. Birthplace Christian Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Harless

(b) Address Ocie, Missouri

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

(c) Place: burial or cremation Rhoades 5014

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 2/12/41 (b) Mary F. Johnson
(Date, received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Ocie Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1941 hour 4 minute A. M.

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

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

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) accident

(b) Date of occurrence 18.5

(c) Where did injury occur? Camp Leonard Wood, Mo
(City or town) (County) (State)

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

While at work? Yes (Specify type of place) (e) Means of injury hit by work truck

23. Signature Mary F. Johnson (If D. or other) _____

Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

AUG 13 1941

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. 3431

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.