

Rev. 5-17-39
I X1951

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 19 1941

Registration District No. 651

Primary Registration District No. 5862

State File No. _____

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Demiscot

(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: "rural" Little Prairie
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community seven years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ben Harris

3. (b) If veteran, name war home

3. (c) Social Security No. home

4. Sex M. 5. Color or race Col. 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 Oct 6 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 8 hr. 7 min.

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

10. Usual occupation farming

11. Industry or business Farm

12. Name Salomonon Harris

13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Addie Dorens

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

16. (a) Informant's own signature Arch Harris

(b) Address Caruthersville Mo

17. (a) burial (b) Date thereof 2-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville

18. (a) Signature of funeral director Smith & Hill

(b) Address Caruthersville Mo

19. (a) Feb. 17, 1941 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Demiscot

(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")

(d) Street No. "rural" Little Prairie
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14.
year 1941 hour 7:00 minute P. 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 Second degree Burns - and asphyxia Duration _____

Due to body burns about 1st of Jan. 1941

Due to _____

Other conditions No Medical Attention
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____

(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 Julius Moore (M. D. or other) _____

Address Maize, Mo Date signed 2/15/41

9-41-4

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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 *W. Hill*.....

Licensed Embalmer No. 2627.....

P. O. Address Lilbourne 110.....

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.

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.....

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.