

ED MAY 5 1941

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Gork  
(b) City or town Rural Bayar Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(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  
FULL NAMEMargeline Harris

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

4. Sex M 5. Color M 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased Dec 13 39  
(Month) (Day) (Year)

8. AGE: 1 Years 3 Months 24 Days If less than one day  
hr. min.

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

10. Usual occupation None

## 11. Industry or business

12. Name Virgil Harris  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Florence Smith  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Harris

- (b) Address Bedumach

17. (a) Burial (b) Date thereof 4 8 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Clear Springs

18. (a) Signature of funeral director J B Mc Clellan

- (b) Address Sainsville

19. (a) 4-8-41 (b) C A Beach  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Gork  
(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? No (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7  
year 1941 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from April 7 to April 7 1941.  
that I last saw him alive on April 6 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
Duration 10 day

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 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) (Means of injury)

23. Signature J T White (M.D. or other)  
Address Sainsville Mo Date signed 4-8-41

107  
RECEIVED

District Health Officer No. 6,

District File Number 541-684

Date Filed May 2 1941

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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.....

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.**