

FILED AUG 10 1942

Registration District No. 325

Primary Registration District No. 5450

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural Walnut Grove R 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene **39**
(c) City or town Walnut Grove R 2 **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **U**

3. (a) PRINT FULL NAME Benjamin Oscar Harralson
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1942 hour 6:12 minute 00 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.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucy Belle Harralson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 8 1881
(Month) (Day) (Year)

Immediate cause of death Hemorrhage Duration _____

8. AGE: Years Months Days If less than one day
61 4 1 hr. min.

Due to Injured wounds of neck

9. Birthplace Lawrence Co. MO
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER { 11. Industry or business _____
12. Name John Keeper Harralson
13. Birthplace Mo. P
(City, town, or county) (State or foreign country)
14. Maiden name Martha Johnson
15. Birthplace Mo P
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy no report **164d**

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Raymond Harralson
(b) Address Walnut Grove R 2
17. (a) Burial (b) Date thereof 7-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence July 9, 1942
(c) Where did injury occur? Grave
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Pasture on farm (Specify type of place)
While at work? no (e) Means of injury Rope

(c) Place: burial or cremation Prospect Cemetery
18. (a) Signature of funeral director Gene A. Brinn
(b) Address Walnut Grove Mo
19. (a) 7-10-1942 (b) Nelson H. Murray
(Date received local registrar) (Registrar's signature)

23. Signature Brinn, Co. Stone Corner (M. D. or other) _____
Address Springfield Mo Date signed 7-9-42

1245

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

900

RECEIVED

Greene County Health Office,

County File Number 42-8-67

Date Filed 8/8/42

Robertson

Smith

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 *JW Birch*
Licensed Embalmer No. 3856
P. O. Address *Ash Grove 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, fact should be so stated above.