

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Waynesville  
(c) Name of hospital or institution: De Witt Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 1/2 hrs  
(Specify whether years, months or days) 19 yrs. 15 1/2 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Hazelgreen  
(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.

3. (a) PRINT FULL NAME BONNIE LOU HARRIS.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased March 20 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 15 hr. 30 min.

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

10. Usual occupation Baby

11. Industry or business \_\_\_\_\_

12. Name Elvin Warren Harris

13. Birthplace Pulaski County Mo. A  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Salaman

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

16. (a) Informant Elvin Harris

(b) Address Haylesum Mo.

17. (a) Burial (b) Date thereof 3/27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haylesum Cemetery

18. (a) Signature of funeral director R. B. Dwyer

(b) Address Richland Mo.

19. (a) 4-1-1943 (b) 6 hrs M. Dodd  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1943 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from 7:04  
Mar 20, 1943 to 10:30 AM., 1943  
that I last saw her alive on Mar 21, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion (Passive)  
Due to Premature birth.

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 159  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(\*) Means of injury 01

23. Signature D. F. B. Williams (M. D. or other) DD  
Address De Witt Waynesville Date signed 3/23/43

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

85  
0  
0

RECEIVED

Pulaski County Health Officer

File Number 4-43-18

Date Filed 4-8-43

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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, above space should be left blank.**