

FILED JAN 13 1944

Registration District No. 4.3

Primary Registration District No. 3007

Registrar's No. 380

1. PLACE OF DEATH:

(a) County B. Butler
(b) City or town Douglas Bluff Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucey Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Danishon
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

In this community, years, months or days

3. (a) PRINT FULL NAME NANCY JANE HARRIS

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife W. A. Harris 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased march 28, 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 24 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business

MOTHER FATHER
12. Name William Meeks
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Sattie Shealy
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. Harris

(b) Address Danishon Mo.

17. (a) Burial (b) Date thereof 11-26-1943
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation Belle Meeks Blocker mortuary

18. (a) Signature of funeral director Danishon Mo.

(b) Address

19. (a) 12-31-43 (b) Belle Meeks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1943 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov. 16, 1943, to Nov. 24, 1943; that I last saw her alive on Nov. 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure Duration 1 da
Due to Chronic myocarditis 6 Mo.
Due to Chronic nephritis 6 Mo.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 131 f
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) Means of injury
23. Signature W. A. Meeks (M. D. or other)
Address Douglas Bluff Mo. Date signed 12/30/43

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

RECEIVED

District Health Office No. 2,

District File Number 144-88

Date Filed 1-10-44

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 Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Carnegie Ark.

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.