

FILED FEB 11 1945 2

Registration District No.

Primary Registration District No.

4-2-3-5-0-48

Registrar's No.

8

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

1. PLACE OF DEATH:

(a) County Howard Prairie  
(b) City or town Armstrong (Rural)  
(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 X  
In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Armstrong  
(If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME William Bougard Harris

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Yes 2

6. (b) Name of husband or wife Elizabeth Harris 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Nov. 6 1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Howard Co. Missouri  
(City, town or county) (State or foreign country)

10. Usual occupation Milling Co.

11. Industry or business

12. Name Thomas Harris

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

14. Maiden name Lucinda Ford

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

16. (a) Informant Mrs. Kelsey Blain

(b) Address Armstrong, Mo.

17. (a) Burial (b) Date thereof Jan. 27, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Cemetery

18. (a) Signature of funeral director Mary Oldaker

(b) Address Armstrong, Mo.

19. (a) 12/27/44 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th  
year 1944 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Jan 6, 1944, to Jan 26, 1944  
that I last saw him alive on Jan 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis  
Due to Chronic Prostatitis

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations

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) (e) Means of injury

23. Signature [Signature] (M. D. [Signature])  
Address Armstrong Mo Date signed 1/27/44

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-9-46

**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 Mary Oldaker

Licensed Embalmer No. 3399

P. O. Address Armstrong, 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, above space should be left blank.