

FILED MAY 13 1946

Registration District No. 165

Primary Registration District No. 4257

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Leeton
(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 62 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Leeton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 117 E.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John William Harris

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

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

6. (b) Name of husband or wife Lillia Mae Harris 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb. 11 - 19 64
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 11 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Harris

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

14. Maiden name Milinda Potts

15. Birthplace Unknown - 9
(City, town, or county) (State or foreign country)

16. (a) Informant Estile Harris

(b) Address Leeton, Mo.

17. (a) Burial (b) Date thereof 4-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Creek

18. (a) Signature of funeral director R.A. Brauminger

(b) Address Leeton, Mo.

19. (a) 4-26-46 (b) Mrs. Mamie Shaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1946 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from 4-21 to 4-22, 1946; that I last saw him alive on 4-21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis Duration 4 mos.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 97

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) (c) Means of injury _____

2) Signature R. Lee Cooper (M. D. or other)

Address Waverly, Mo. Date signed 4-23-46

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

APR 16 1952

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..... *W.A. Bauninger*
Licensed Embalmer No. *3377*
P. O. Address *Lecton, 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.