

Registration District No. 247

Primary Registration District No. 4367

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Ritchie  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community all his life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73  
(c) City or town Ritchie  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2  
year 1946 hour 11 minute P. M.  
21. I hereby certify that I attended the deceased from about  
1040., 1946, to Mar. 2, 1946  
that I last saw him alive on Mar. 2, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Hypertension 10 yrs.  
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULL NAME Robert T. Harris

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

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

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

7. Birth date of deceased March 15 1878  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Newton County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

MOTHER FATHER  
11. Industry or business \_\_\_\_\_

12. Name Thomas Harris

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

14. Maiden name Snow

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

16. (a) Informant Jessie E. Harris

(b) Address Granby, Mo. R. 1

17. (a) Burial (b) Date thereof 3-4-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newtonia Cemetery

18. (a) Signature of funeral director Cyber Funeral Home

(b) Address Cassville Missouri

19. (a) 3-16-46 (b) M. L. Young  
(Date received local registrar) (Registrar's signature)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy (30)

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 0

23. Signature W. P. Roemer (M. D. or other) \_\_\_\_\_  
Address Granby Mo. Date signed 3.16.46

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

RECEIVED

District Health Officer No. ....

District File Number 446-59

Date Filed 4-17-40

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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, fact should be so stated above.**