

FILED JUN 12 1946

Registration District No. 17

Primary Registration District No. 5414

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava, Rural Washington
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME Ananias, (Bud) Harris

3. (b) If veteran, No **3. (c) Social Security** None
name war _____ No. _____

4. Sex Male **5. Color or race** White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Day Harris **6. (c) Age of husband or wife if alive** 53 years

7. Birth date of deceased February 18, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>2</u>	<u>6</u>	hr. _____ min.

9. Birthplace Ava, Missouri _____
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Ananias Harris

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

14. Maiden name Margaret Lethco

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

16. (a) Informant Alice Harris
(b) Address Route 3, Ava, Missouri

17. (a) Burial (b) Date thereof May 12 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Labor Cem.

18. (a) Signature of funeral director Clinkingbeard Funeral H
(b) Address Ava, Missouri

19. (a) May 22-46 (b) Uestal Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas **34**

(c) City or town Ava, Rural _____
(If outside city or town limits, write "RURAL")

(d) Street No. Route 3 _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1946 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on 4-24- _____, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Myocardial Failure **7**

Chronic Myocarditis **2 yrs**

Chronic Volvulus Intestines **2 yrs**

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

PHYSICIAN

Major findings:
Of operations _____ **93d**

Of autopsy _____

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? _____

Me While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. C. Leach (M. D. or other) _____
Address Ava Date signed 4-25-46

48

15090
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 646-654

Date Filed JUN 10 1946

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.B. Stuchman

Licensed Embalmer No. 3431

P. O. Address Oran, 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.