

FILED SEP 11 1946 STANDARD CERTIFICATE OF DEATH

26431

State File No.

Registration District No. 43

Primary Registration District No. 5135

Registrar's No. 297

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural, Ash Hill
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles North West of Quin 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Billie Leon Harris

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 19 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 10 14 hr. _____ min.

9. Birthplace Lawrence County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Clay Harris

13. Birthplace Lawrence County, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Nora Osburn

15. Birthplace Lawrence County, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Clay Harris

(b) Address Quin, Mo. Rt 2

17. (a) Burial (b) Date thereof 7 5 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Known Chapel

18. (a) Signature of funeral director W. M. Russell

(b) Address Piggott, Ark.

19. (a) 9/8/46 (b) R. M. Minter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3
year 46 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Hemorrhage

Due to Gun shot wound left side
midline upper lip

Due to rupture entering brain
back of left eye

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

Major findings:
Of operations _____

Of autopsy 10/17

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) Accident 12

(b) Date of occurrence July 3-1946

(c) Where did injury occur? Butler mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? no (Specify type of place) (e) Means of injury gun shot

23. Signature W. M. Russell (M.D. or other)

Address Poplar Bluff mo Date signed 9/5-46

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

RECEIVED

Office No. 2
946-1094
9-10-46

SEP 19 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.....

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.