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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34322

State File No.

Registration District No. 26 Union

Primary Registration District No. 5906

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Little River Twp
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lelar Harris

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 3

5. Color or race Colored

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

6. (b) Name of husband or wife Fred Harris

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May (Month) 12 (Day) 1900 (Year)

8. AGE: Years 46 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jake Adams
13. Birthplace Unknown (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Susie Adams
15. Birthplace Unknown (City, town, or county) Miss (State or foreign country)

16. (a) Informant Fred Harris
(b) Address Netherlands, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director R. L. Stefunorth Funeral Home
(b) Address Portageville Mo

19. (a) 10-30-46 (Date received local registrar) (b) Mrs. R. G. Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1946 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 30 - 1946, to Oct. 26 - 1946; that I last saw her alive on Oct. 16 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Don't Know
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. Linion (M. D. or other)

Address Caruthersville, Mo. Date signed 10-26-46

(Licensed Embalmer's Statement on Reverse Side)

246

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

33147

11-46-228

NOV 13 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.