

Registration District No. 293

Primary Registration District No. 6004

Registrar's No. 27

1. PLACE OF DEATH:

(a) County... Ralls
(b) City or town... New London
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence R R # 2 New London Missouri
(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... Missouri (b) County... Ralls
(c) City or town... New London
(If outside city or town limits, write "RURAL")
(d) Street No... R R # 2 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME: Luesettie Ulry Harris

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Henry Harris 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased November 23, 1879 (Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Adams County Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER { 12. Name John Ulry
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Trotter
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant John Henry Harris

(b) Address R R # 2 New London Missouri

17. (a) Burial (b) Date thereof 12/21/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director W. J. ...

(b) Address 902 Broadway Hannibal Missouri

19. (a) 12-20-46 (b) H. J. Valus (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19 year 1946 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 25, 1941, to Dec 18, 1946 that I last saw her alive on Dec 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to cerebral hemorrhage
Due to not known

Other conditions Myocardial weakness
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:
(c) 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
23. Signature H. J. Valus (M. D. or other) Address New London Mo Date signed 12-20-46

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

40499

99

11
12

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

40

RECEIVED
Missouri State Health Officer No. 10
12-46-2329
DEC 26 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. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.