

FILED FEB 10 1947
Registration District No. 275

Primary Registration District No. 3047

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Newsho, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1307 Broadway 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 72
(c) City or town Newsho, Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1307 Broadway 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME CLIFFORD WALLACE HARRIS

3. (b) If veteran, name war NONE 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 MAY 31 1928
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>7</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace FISH GROVE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation IN SCHOOL

11. Industry or business _____

12. Name MALNER HARRIS

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

14. Maiden name MELNIE MONTGOMERY

15. Birthplace FISH GROVE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Harris

(b) Address Newsho, Mo.

17. (a) Burial (b) Date thereof 1-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Carley Thompson

(b) Address Newsho, Mo.

19. (a) Jan. 29, 1947 (b) Malone C. Borman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1947 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from January 8, 1947, to Jan 9, 1947
that I last saw him alive on Jan 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Duration History from Birth

Due to _____

Due to Lobar Pneumonia

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

Major findings: Of operations None 108

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Melvin McElroy (M. D. or other) D.O.

Address Newsho, Mo Date signed 1/11/47

RECEIVED

District Health Officer No. Newton

District File Number 247-18

Date Filed 2-4-47

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 Covey Thompson

Licensed Embalmer No. 3259

P. O. Address Wesha 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.