

Registration District No. **62** Primary Registration District No. **5239**

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Stockton--Linn Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXXXXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXXXX (Specify whether)

In this community Most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

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

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

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

3. (a) PRINT FULL NAME LOUISA CAROLINE HARRIS

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXXX

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife XXX

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

7. Birth date of deceased September 23, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>5</u>	<u>5</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Housewife

11. Industry or business XXXXX

MOTHER FATHER

12. Name James Kar

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

14. Maiden name Nancy Jane West

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

16. (a) Informant Nanda Richards

(b) Address Bois D Arc Mo

17. (a) Burial (b) Date thereof 2-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookline, Missouri

18. (a), Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 2-15-47 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1947 hour 3 minute 30 AM

21. I hereby certify that I attended the deceased from Feb. 2, 1947 to Feb. 8, 1947
that I last saw him alive on Feb. 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bundle Brand heart floos Duration 10 days
Due to an attack of influenza
Jan. 28 - 1947

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations ASC

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 3

23. Signature [Signature] (Date) Feb. 10 1947
Address Stockton, Mo. Date signed 2-10-47

Change
certification

DATE
TIME
PLACE

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton 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.