

FILED MAY 19 1947

Registration District No. 107

Primary Registration District No. 2019

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Remmelt Rural Dunklin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Eight Miles North of Remmelt
(If not in hospital or institution, write street number & location)
On Highway 25
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35
(c) City or town Remmelt
(If outside city or town limits, write "RURAL")
(d) Street No. _____
Rural # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME G. C. Harris Jr
3. (b) If veteran, name was 2nd World War
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 11
year 1947 hour 12 minute 45 P M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sharon Harris
6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased: June 26 1924
(Month) (Day) (Year)

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

Immediate cause of death: Internal Hemorrhage of Head
Due to Fractured Skull
Due to Overturning in Auto on Hi-way 25
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____
Duration: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
22 10 15 hr. _____ min.

9. Birthplace Remmelt Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farming

12. Name G. C. Harris

13. Birthplace Adamsville Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Rosella Wallace

15. Birthplace Adamsville Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Harris

(b) Address Remmelt Rural # 2

17. (a) Dunklin (b) Date thereof: 5-12-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Levt Funeral Home
(b) Address Remmelt Mo

19. (a) 5-11-1947 (b) Earl Thibodeau
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 5-11-1947
(c) Where did injury occur? Rural Dunklin Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway 25 eight miles north of Remmelt
(Specify type of place)
While at work? No (e) Means of injury: leg broken
23. Signature W. C. [unclear] [unclear] D. or other
Address Remmelt Mo Date signed 5-11-1947

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

MOTHER FATHER

DEC 9 1947

AUG 19 1947

RECEIVED

District Health Office No. 2,

District File Number 547-217

Date Filed 5-15-47

MAY 4 1947

MAY 27 1947

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 *Edgar Lee Ford*

Licensed Embalmer No. *4433*

P. O. Address *Kennett 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.