

FILED SEP 16 1947

State File No. _____

Registration District No. 228

Primary Registration District No. 5466

Registrar's No. 777

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural Springfield - S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 9, Box 146
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2 months, 27 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 9, Box 146
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEE ROY 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 None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 6, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 27 hr. min.

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

10. Usual occupation None (Infant)

11. Industry or business None (Infant)

12. Name Edsel Ford Harris

13. Birthplace Wright County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Liles

15. Birthplace Wright County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edsel Ford Harris (Father)
(b) Address Route # 9, Box 146

17. (a) Burial (b) Date thereof Sept 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seymour Missouri Cemetery
Alma Lohmeyer Funeral Home

18. (a) Signature of funeral director _____
(b) Address Springfield, Missouri

19. (a) 9-3-47 (b) W E Handley W.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3,
year 1947 hour 12: minute 05 A. M.

21. I hereby certify that I attended the deceased from
No physician or attendance 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Mechanical asphyxiation

Due to Asphyxiation

Due to Sleeping with adult

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 39
(b) Date of occurrence Sept. 3, 1947

(c) Where did injury occur? Greene Twp.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home (Specify type of place)
While at work? No (e) Means of injury Suffocation

23. Signature C. Stone (M. D. number) 3
Address Springfield, Mo. Date signed 9-3-47

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

29
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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.....
Harry Dyer....., Registered Apprentice No. *479*,
working under my personal supervision.

Signed *Jewell E. Mudd*.....

Licensed Embalmer No. *2831*.....

P. O. Address *Springfield, 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.