

Registration District No. 238

Primary Registration District No. 4355

State File No. _____

Registrar's No. 21

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town New Madrid
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 In this community 1933 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town New Madrid, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROSIE HARRIS

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

4. Sex Female 5. Color or race C 6. (a) Single, widowed, married, divorced ?
 6. (b) Name of husband or wife Freeman Harris 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased May -14 - 1863 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 11 13 hr. min.

9. Birthplace Sardinia, Miss. (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER, FATHER
 12. Name Jacob Christy
 13. Birthplace unk. (City, town, or county) (State or foreign country)
 14. Maiden name Aphraha Jacobson
 15. Birthplace unk. (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Thomas

(b) Address 7076 Carver Court, Springfield, Miss.

17. (a) Burial (b) Date thereof 5/14/49 (Month) (Day) (Year)

(c) Place: burial or cremation Cath.

18. (a) Signature of funeral director Richard Lutz Co

(b) Address New Madrid, Mo.

19. (a) 5/19/49 (Date received by local registrar) (b) Helene Lutz Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1949 hour 3:20 minute 15 a. M.

21. I hereby certify that I attended the deceased from Nov 15 1949 to Apr 10 1949, that I last saw her alive on Nov 15 1949 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Duration X

Due to _____

Due to _____

Other conditions Hypertension (Include pregnancy within 3 months of death) 450

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:

(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) (c) Means of injury _____

Signature E. E. Jones (M. D. or other) _____

Address Lilloren Date signed 5-2-49

RECEIVED

District Health Office No. 2

District File Number 579-6-3

Date Filed 5-31-63

VS JUL 16 1959

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.....

Lowell Greer Jr.

Registered Apprentice No. 310

working under my personal supervision.

Lowell Greer Jr.
Apprentice Sign.

Signed L. B. Hadyent

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.