1	l R	EB 1 5 1960 egistration District No.	296 pri	mary Registration	District No. 601	Registrar's No	2	STATE FIL	E NUMBER
_		. PLACE OF DEATH					NCE (Where decea	sed lived. If instituti	ion: Residence befor
	•	a. COUNTY	Ray			11	sour‡ cou		admission)
		OR T	rporate limits, give TOWN	SHIP only)	Length of stay in 1b	c. CITY OR			Inside Limits
			ing River		2 days	TOWN R	ayville		Yes North
	_	HOSPITAL OR 1	NOT in hospital, give loca miles nort rick	h of	Inside Limits Yes No	d. STREET ADDRESS	RFD # 2	utside, give location)	Reside on Fari
1	-3	NAME OF DECEASED	First		Aiddle	Last	4. DATE OF	Month D	ay Year
-		(Type or print)	Telen Marga	ret	Har	ris	DEATH Fe l	ruary 1.	1960
i	- 5	S. SEX	6. COLOR OR RACE	7. Married [8. DATE OF BIRTH		rthday) IF UNDER 1	YEAR IF UNDER 24
	l _	Female	White	Widowed [11-30-19			· [· · · ·]
	10	usual Occupation during most of working	(Give kind of work done	10b. KIND OF E	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(City and state or c	ountry) 12. CITIZEÑ	OF WHAT COUNTR
		Houseke	eper	Housek	eeping	Raw Cou	nty Miss	sourli Uni	ted Stat
	13	. FATHER'S NAME			MAN NEDIAM STEEL		l	ME OF HUSBAND OR	WIFE
	l <u></u>	John Henry			inda Bell	Harlow	ГОИ		
	(Y	es, no, or unknown) [(If	IN U.S. ARMED FORCES? yes, give war or dates of					Address	. 15.
	۰.	NO I		400	5-26-7818	IMISS ZOI	a Harri	s,Rayville	B, MO.
DOCUMENT	PART I. DEATH WAS CAUSED BY:							ONSET AND DEA	
Ş۱			IMMEDIATE CAUSE (a	o cor	onary occ	lusion			instant
3					4 4 4 - 9	_			sev.yrs.
۱ د		Candista	ns, if any,) DUE TO (ы О.1 77	<u>iost total</u>	nara luci			
	1 1	which ga	eve rise to			- pararam	.S		
		which ga above of stating t lying or	eve rise to cause (a), the under- ause last. DUE TO (c syr	ingomyeli	<u>a</u>			14 yrs.
	NOI	which ga above of stating t lying or	eve rise to cause (a), the under-	conditions con	ingomyeli	<u>a</u>			14 yrs
	CATION	which ga above of stating t lying or	ave rise to cause (a), the under- euse last. DUE TO (conditions con	ingomyeli	<u>a</u>			14 yrs
	CERTIFICATION	which ga above of stating t lying or	ave rise to cause (a), the under- euse last. DUE TO (CONDITIONS CONDITIONS CONDITIONS	ingomyeli	CI TH but not related to	o the terminal	there a pr	14 yrs a sed was female egnancy in last 90 d
	CAL CERTIFI	which go above control of the contro	ove rise to cause (a), the under-suse last. DUE TO (OTHER SIGNIFICANT C disease condition given	CONDITIONS	ingomyeli	CI TH but not related to	o the terminal	there a pr	14 yrs and was female egnancy in last 90 c
	MEDICAL CERTIFICATION	PART II. 19. WAS AUTOPSY PERFORMED? YES NO D 20c. TIME OF Hour INJURY a.m. p.m.	ove rise to clause (a), the undersuse last. DUE TO (disease condition given 20a. ACCIDENT SUICIE COMMONTH, Day, Year	Syr CONDITIONS CON IN PART I (a)	TINGOMY ELI	CH but not related to	o the terminal D. (Enter nature of	there e pr	14 yrs and ded was female segnancy in last 90 cm. No Unkn
	CAL CERTIFI	which go above c stating to lying compared to the part II. 19. WAS AUTOPSY PERFORMED? THE NO COMPARED TO THE OF THE NO COMPARED TO THE NOTE THAT THE PERFORMENT OF THE NOTE THAT THE NO	Accident Survival Sur	SUT CONDITIONS COP IN PART I (a) E HOMICIDE For INJURY (e.g., offectory, street, offe	tngomyeli NTRIBUTING TO DEAT 20b. DESCRIBE HO	W INJURY OCCURRED	D. (Enter nature of i	njury in PART I or PA	14 yrs. ed was female egnancy in last 90 c
	CAL CERTIFI	PART II. 19. WAS AUTOPSY PERFORMED? YES NO 10. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	Accident Significant Considerate (a), the undersuse last. Due TO (disease condition given 20a. ACCIDENT SUICID Month, Day, Year Accident (a) 20a. PLACE farm, VORK	SUT CONDITIONS COP IN PART I (a) E HOMICIDE For INJURY (e.g., offectory, street, offe	tngomyeli NTRIBUTING TO DEAT 20b. DESCRIBE HO	W INJURY OCCURRED	D. (Enter nature of i	njury in PART I or PA	14 yrs. ed was female egnancy in last 90 c
	CAL CERTIFI	which go above control of the contro	Amonth, Day, Year Month, Day, Year DD 20e. PLACE farm, YORK	SUT CONDITIONS COP IN PART I (a) E HOMICIDE For INJURY (e.g., offectory, street, offe	20b. DESCRIBE HO	W INJURY OCCURRED	D. (Enter nature of R LOCATION	there e properties on Lorden	14 yrs. ed was female egnancy in last 90 centre of last 90 centre
	CAL CERTIFI	which go above control of the part of the	Accident Significant of disease condition given OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICIE Month, Day, Year D VORK 20e. PLACE farm,	Syr CONDITIONS COP IN PART I (a) E HOMICIDE For INJURY (e.g., factory, street, of	20b. DESCRIBE HO	W INJURY OCCURRED	D. (Enter nature of R LOCATION	njury in PART I or PA	14 yrs ed was female egnancy in last 90 c No Unkn RT II of item 18.) STATE 11, 1960 the causes stated.
	CAL CERTIFI	which go above control of the contro	Accident Significant of disease condition given OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICIE Month, Day, Year D VORK 20e. PLACE farm,	SUT CONDITIONS COP IN PART I (a) E HOMICIDE For INJURY (e.g., offectory, street, offe	20b. DESCRIBE HO	W INJURY OCCURRED 20f. CITY, TOWN, Of 1, 1966 date stated above, 22b. ADDRESS	C. (Enter nature of C. (En	COUNTY COUNTY To any knowledge, from t	14 yrs. led was female egnancy in last 90 c No Unkn RT II of item 18.) STATE 11, 1960 the causes stated.
	MEDICAL CERTIFI	which go above control of the contro	Accident Significant of disease condition given OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICIE Month, Day, Year D VORK 20e. PLACE farm,	CONDITIONS CON IN PART I (a) DE HOMICIDE FOR INJURY (e.g., factory, street, of the factory of	20b. DESCRIBE HO 20b. DESCRIBE HO in or about home, fice bldg., etc.) Pm on the	W INJURY OCCURRENT 20f. CITY, TOWN, OR 1, 1966 a date stated above, 22b. ADDRESS Excelsi	c the terminal C. (Enter nature of the LOCATION d last saw her slive and to the best of the best of the location or Spring	COUNTY COUNTY To any knowledge, from t	14 yrs. led was female egnancy in last 90 c No Unkn RT II of item 18.) STATE 11, 1960 the causes stated.
IUAVII OF	MEDICAL CERTIFI	which go above control with the control of the course of t	DUE TO (Lease farm, VORK 1944	CONDITIONS	20b. DESCRIBE HO 20b. DESCRIBE HO 7, in or about home, fice bldg., etc.) 7 Peb 7 Pm on th 8 D. OF CEMETERY OR CRE	W INJURY OCCURRED 20f. CITY, TOWN, OR 1, 1966 de date stated above, 22b. ADDRESS ESCE 1si MATORY	the terminal D. (Enter nature of the control of th	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	14 yrs. ed was female egnancy in last 90 c No Unkn RT II of Item 18.) STATE 11, 1960 the causes stated. 22c. DATE SIG 2/1/6 (State)
AFFIDAVII OF	MEDICAL CERTIFI	which go above control of the part of the	DUE TO (Leased from 1944) DUE TO (Leased from 1944) ACCIDENT SUICIE (Leased from 1944) 20a. ACCIDENT SUICIE (Leased from 1944) 20b. PLACE farm, (Dec. 1944) 20b. DATE (Leased from 1944)	CONDITIONS COPIND PART I (a) DE HOMICIDE COF INJURY (e.g. factory, street, off the factory, street, off the factory company to the fact	TINGOMY ELI NTRIBUTING TO DEAT 20b. DESCRIBE HO 20b. DESCRIBE HO 7, in or about home, fice bldg., etc.) 7 Pm on th M. D. OF CEMETERY OR CRE 8 1d	W INJURY OCCURRED 20f. CITY, TOWN, OR 1, 1966 de date stated above, 22b. ADDRESS ESCE 1si MATORY	o the terminal D. (Enter nature of the LOCATION d last saw her alive and to the best of the Control (Control	COUNTY COUNTY o on JOB . my knowledge, from to the contract of the contract	14 yrs ed was female egnancy in last 90 in

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Grandia.
StudentSignature of Student Embalmer	Signed Signed
· ·	Licensed Embalmer No. 4066
	P. O. Address Likeron

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.