

FILED NOV 28 1945
Registration District No. _____

Primary Registration District No. 4023

Registrar's No. 63

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

1. PLACE OF DEATH:
 (a) County BARRY
 (b) City or town EXETER
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community most of life
years, months or days

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

3. (a) PRINT FULL NAME J. ARTHUR "Buck" HARRIS
 3. (b) If veteran, name war --
 3. (c) Social Security No. 496-10-1701

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 31
 1945 year 1945 hour 10 minute 45 P.M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Mary E. Harris
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Sept. 28, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 24th 1945 to Oct 31st 1945;
 that I last saw him alive on Oct 31st 1945;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 1 3 hr. _____ min.

Immediate cause of death:
Coronary Thrombosis
 Duration 1 1/2 hrs.

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

Due to _____
 Due to _____

10. Usual occupation retired

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations: _____

11. Industry or business _____

MOTHER FATHER
 12. Name John Harris
 13. Birthplace Ind.
(City, town, or county) (State or foreign country)
 14. Maiden name Ermina Snifflet
 15. Birthplace Ind.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
940

16. (a) Informant Ed. Harris
 (b) Address Joplin Mo.
 17. (a) burial (b) Date thereof 11/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Exeter Cem.

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? _____

18. (a) Signature of funeral director [Signature]
 (b) Address Cassville, Mo.
 19. (a) Nov 3-1945 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) _____
 (e) Means of injury _____
 23. Signature [Signature] (M. D. optional) _____
 Address _____ Date signed _____

RECEIVED

District Health Officer No. 6;


District File Number 1145-1141

Date Filed NOV 17 1945

APR 9 1946

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 
Licensed Embalmer No. 3453
P. O. Address CASSVILLE, 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.