

Registration District No. **244**

Primary Registration District No. **5834, 5835**

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

1. PLACE OF DEATH:

(a) County: **Newton**

(b) City or town: **Neosho Rural**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Route 5 Shovel Creek**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Newton**

(c) City or town: **Neosho Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No: **Route 5**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME: **William Chamberlin Harris**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**  
year **1943** hour **5** minut **30**, M.

21. I hereby certify that I attended the deceased from **3/27/43**  
..... 19..... to **4/4/43** 19.....  
that I last saw him alive on **4/3/43** 19.....  
and that death occurred on the date and hour stated above.

4. Sex: **Male** 5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Ilona Harris**

6. (c) Age of husband or wife if alive: **61** years

7. Birth date of deceased: **Feb 20 1883**  
(Month) (Day) (Year)

Immediate cause of death: **Chronic nephritis**

Due to: **Smoking**

Other conditions: **131 f**  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

**80** **1** **15** hr. min.

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

Major findings: Of operations.....

Of autopsy.....

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

MOTHER FATHER

11. Industry or business.....

12. Name: **John Overton Harris**

13. Birthplace: **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Ebbie Chamberlin**

15. Birthplace: **Alabama**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **George Harris**

(b) Address: **Council Bluffs Iowa**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **4-6-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation: **1007 Cem. Neosho**

18. (a) Signature of funeral director: **[Signature]**

(b) Address: **Neosho Missouri**

19. (a) **4-7-1943** (Date received local registrar) (b) **Mrs. W. S. Chapman** (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.....

(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) (e) Means of injury.....

23. Signature: **R. L. Lawson** (M. D. or other) **M.D.**  
Address: **Neosho Missouri** Date signed: **4/4/43**

Date Received  
File no. 543-92

MAY 5 1943

MAY 11 1943

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 Ogle Stone Jr.  
Licensed Embalmer No. 4176  
P. O. Address Neosho 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.