

REC'D AUG 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25584

Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 408
 (b) Township _____ Primary Registration District No. 3020 Registered No. _____
 (c) City Carthage (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emma Jane Harrison 1625
 (a) Residence, No. 605 S. Mc Gregor St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. F. Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1954

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pendleton Indiana13. NAME Madison G. Hatter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Battertown Co. Virginia15. MAIDEN NAME May Ann Chapman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pendleton Indiana17. INFORMANT (ADDRESS) Mr. Harrison Carthage, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE West Cemetery DATE July 7, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Martens Carthage, Missouri20. FILED July 7, 1938 E. J. Mc Intire, M.D. Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to July 3, 1938
 I last saw her alive on July 3, 1938. Death is said to have occurred on the date stated above, at 3:20 p. m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
93C

Date of onset

1934

Other contributory causes of importance:

Coronary failure June 15, 1938

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. J. Mc Intire, M. D.865 (Address) Carthage, Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Emma R. Kneel

Licensed Embalmer No.....

391

P. O. Address.....

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, above space should be left blank.