Dr. Ned White

35692

Do not use this space.

NOV 17 1938

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

1. PLACE OF DEATH
(a) County Greene — Registration District No. 318
(b) Township — Primary Registration District No. 2001 — Registered No. 760
(c) City Springfield, Mo. (d) Street No. 1939 N. Grant St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Charles Epley Harrison
(a) Residence, No. 1939 N. Grant 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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Bohn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7 1857
7. AGE — YEARS 81 — MONTHS 1 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired R.R.
9. Industry or business in which work was done, as saw mill, bank, etc. Engineer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER
13. NAME Samuel C. Harrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pennsylvania

MOTHER
15. MAIDEN NAME Emma T. Epley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Mrs. Charles E. Harrison Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Oct. 17 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.H. Lohmeyer Springfield, Mo.
20. FILED 10-17 1938 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept, 1938, to 10-14, 1938
I last saw him alive on 10-14, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate with General Metastasis	8 yrs ago

Other contributory causes of importance: Senility

Name of operation Cystotomy Date of 1931
What test confirmed diagnosis? Was there an autopsy? no

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) R. Ned White, M. D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—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 Paul Z. Lohmeyer

Licensed Embalmer No. 2457

P. O. Address Springfield, Mo.

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

If this body is not embalmed, above space should be left blank.