

REC'D NOV 23 1938

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

36102

Do not use this space.

## 1. PLACE OF DEATH

(a) County Laclede Registration District No. 277  
 (b) Township Smith Primary Registration District No. 5611 Registered No. 8  
 (c) City Rushlim (d) Street No. \_\_\_\_\_ 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

Robert Ray Harrison  
 (a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 - 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
17 1 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School teacher  
 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) Haylesville Mo

FATHER 13. NAME Ray Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haylesville Mo

MOTHER 15. MAIDEN NAME Lucy Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haylesville Mo

17. INFORMANT (ADDRESS) Rushlim Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Haylesville DATE Oct 30, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. B. Ferguson  
Rushlim Mo

20. FILED Nov 30 1938 C. E. Leonard Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1938, to 10-28, 1938

I last saw h. alive on 10-27, 1938 Death is said to have occurred on the date stated above, at 9:20 a. m.

The principal cause of death and related causes of importance were as follows:

Heart Disease  
Dilatation of valves  
of heart  
 Date of onset \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

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 none

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) R. B. Ferguson, M. D.

(Address) Rushlim Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-38-401

Date Filed 11-14-38

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, W. J. Super

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision

Signed W. J. Super

Licensed Embalmer No. 3198

P. O. Address Richmond 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, above space should be left blank.