

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.

Registration District No. 359

Primary Registration District No. 4212 5317

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Hickory
 (b) City or town Wheatland (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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 MO (b) County Hickory
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
 year 1939 hour 12 minute 10 P. M.
 21. I hereby certify that I attended the deceased from Dec 3
 _____, 1939, to Dec 6, 1939;
 that I last saw her alive on Dec 3
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>arterio sclerosis</u>	<u>yrs</u>
Due to <u>Cancer</u>	<u>2 1/2</u>
Due to _____	<u>50</u>

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma of
 Of operations breast 2 yrs ago
 Of autopsy none

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

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 PA Nerino (M. D. or other) 1
 Address Wheatland Date signed 12-9-39

3. (a) PRINT FULL NAME Ida B. Garrison 625
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife J. T. Harrison 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Nov 1 1867
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Harris Tillery
 13. Birthplace Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Barnett
 15. Birthplace Ky
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature I. B. Garrison
 (b) Address Wheatland, MO

17. (a) Burial (b) Date thereof Dec 10 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humanville, Mo

18. (a) Signature of funeral director Joseph T. Finstone
 (b) Address Humanville, MO

19. (a) 12/10 39 (b) Teresa Owens
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7

District File Number 2-39-256

Date Filed 2-23-29

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 *Ralph A. Joseph*

Licensed Embalmer No. 3149

P. O. Address *Humansville*

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.