

Registration District No. **279 (191)**

Primary Registration District No. **5611**

Registrar's No. **3**

1. PLACE OF DEATH:
 (a) County Laclede Co.
 (b) City or town Smith Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Rickland, Route 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Laclede
 (c) City or town Rickland MO
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 2
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ALBERT HARRISON
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
4. Sex MALE **5. Color or race** WHITE
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased June 16 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 16th year 1940 hour 7 minute 30p.
21. I hereby certify that I attended the deceased from July 26, 1939, to Feb 16, 1940
 that I last saw him alive on July 26, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 8 Days 0 If less than one day _____ hr. _____ min.
9. Birthplace Haleygreen MO
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Immediate cause of death _____ Duration _____
 Due to Epitheliomatous growth - of right cheek and metastatic nodes.
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name James Harrison
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Wesloman
(City, town, or county) (State or foreign country)
15. Birthplace unknown
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Alice Janner
(b) Address Rickland MO
17. (a) Burial, cremation, or removal Route **(b) Date thereof** 2-18-40
(Month) (Day) (Year)
(c) Place: burial or cremation Haleygreen MO
18. (a) Signature of funeral director R. B. Janner
(b) Address Rickland MO, U.S.
19. (a) Date received local registrar 2-25-1940 **(b) Registrar's signature** C. E. Bastard
(Date received local registrar) (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) (a) Means of injury _____
23. Signature J. L. Bunnage (M. D. or other) _____
Address Labarre MO Date signed 2-20

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

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.

RECEIVED
Health Officer No. 7,
County No. 3-40-479
Date Filed 3-14-40

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 _____

working under my personal supervision, _____, Registered Apprentice No. ~~3198~~

Not Embalmed

Signed _____

Licensed Embalmer No. 3198

P. O. Address. *Rickland 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.