

FILED MAR 14 1940

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

7700
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township 0 Primary Registration District No. 6683032 Registered No. 58
 (c) City Sedalia (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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clyde Raymond Harrison
 (a) Residence, No. 1410 South Osage 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 2 20

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

12. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Missouri

13. NAME Clyde R. Harrison

14. BIRTHPLACE (CITY OR TOWN) Versailles (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Rose Ellen McGrath

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

17. INFORMANT (ADDRESS) Mrs. Rose Harrison
1410 South Osage, Sedalia,
Calvary DATE Feb. 10, 1940

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo. DATE Feb. 10, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duane Ewing
Sedalia, Missouri

20. FILED Feb 9 19 40 Mrs Harry S need
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7th 19 40

22. I HEREBY CERTIFY That I attended deceased from 2-5 1940 to Feb 7th 1940
 I last saw him alive on Feb 7th 1940 Death is said to have occurred on the date stated above, at 3-0 m.
 The principal cause of death and related causes of importance were as follows:
Diabetic Coma + Insulin + diet treatment + intensifier. Date of onset 1 day.

Other contributors cause of importance:
Diabetes mellitus of four years duration.

Name of operation None Date of _____
 What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), All in also the following: Accident, suicide, or homicide. No Date of injury _____ 19 _____
 Where did injury occur? No injury (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. No injury

Manner of injury No injury
 Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify 619 Taylor, M. D. (Address) 174 W. 4th - Sedalia
Mo.

I. X 16605
 WRITE PLAINLY, WITH UNFADING INK—THIS IS 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
District Health Officer No. 8,
District File Number
3-18-40
Date Filed

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 *Duane Ewing*
Licensed Embalmer No. *3847*
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.