

Registration District No. 171940
974

Primary Registration District No. 6235-

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bay
(b) City or town St. Bay Green Grove
(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 2
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bay
(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.

3. (a) PRINT FULL NAME ANNIE ELIZA HARRISON

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 28 1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Rockingham Co. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Rockbridge

11. Industry or business Housewife

12. Name Carlye Kirkpatrick

13. Birthplace Rockingham Co. Va
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Kirkpatrick

15. Birthplace Rockbridge Co. Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Morrison

(b) Address St. Mo

17. (a) Burial (b) Date thereof 6-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director John W. Knippschield

(b) Address Hardin Mo.

19. (a) June 23, 1940 (b) W. E. Gant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1940 hour 8⁰⁰ minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to June 22, 1940
that I last saw her alive on June 14, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arterio Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) Arterio Sclerosis

Major findings: Of operations _____

Of autopsy _____

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 Carl H. Reed (M. D. or other) _____

Address Hardin Mo. Date signed 6-23-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8
District File Number 7-15-40
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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin, Mo.

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

If this body is not embalmed, fact should be so stated above.