

No. 1
X21492

FILED SEP 24 1940

Registration District No. 2152

Primary Registration District No. 2152

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Jamesport
(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

3. (a) PRINT FULL NAME HOMER HARRISON 625

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 Divorced

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

7. Birth date of deceased July 24 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months _____ Days If less than one day hr. _____ min. _____

9. Birthplace: Jamesport Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Robert Harrison 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Alice Brown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Johnny Harrison

(b) Address Chillicothe Mo

17. (a) Jamesport (b) Date thereof April 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Fellows Cemetery

18. (a) Signature of funeral director J. J. Robertson

(b) Address Jamesport Mo

19. (a) Aug 27 - 40 (b) Will Wilke
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Jamesport
(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 April day 15
year 1940 hour _____ minute 10 A. M.

21. I hereby certify that I attended the deceased from March 15, 1940 to April 15, 1940
that I last saw him alive on April 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Lues

Due to _____

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

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? _____

23. Signature R. M. Thompson (M.D. or other) _____
Address Jamesport, Mo. Date signed _____

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. 11,
District File Number
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 A. L. Roberson

Licensed Embalmer No. 3244

P. O. Address Jonesport

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, above space should be left blank.