

No. 2  
-11-10-39  
5-17-39  
P. I. 21

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28518**

SEP 3 1940 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. **2001**

Registrar's No. **674**

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

1. PLACE OF DEATH: **GREENE**  
(a) County \_\_\_\_\_  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Kentwood Arms Hotel** **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **not confined**  
In this community **44 years**  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME **Benjamin J. Harrison** **625**  
8. (b) If veteran, name war **World**  
8. (c) Social Security No. **none**

4. Sex **male**  
5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Jessie Harrison**  
6. (c) Age of husband or wife if alive **44** years  
7. Birth date of deceased **Nov. 5 1895**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**44** **9** **10** hr. \_\_\_\_\_ min.

9. Birthplace **Springfield Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Chain Grocery Store Operat**

11. Industry or business **Retail Grocer**

MOTHER FATHER  
12. Name **J. B. Harrison**  
13. Birthplace **Steelville Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Martina Ann Admondson**  
15. Birthplace **Greene County, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jessie Harrison**  
(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **Aug 18, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Maple-Park Cemetery**

18. (a) Signature of funeral director **H. H. Lohmeyer**  
(b) Address **Springfield, Missouri**

19. (a) **Aug 18, 1940** (b) **W. E. Haudley M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **0 Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1015 East Walnut St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **15th**  
year **1940** hour **12:30** minute **P** M.  
21. I hereby certify that I attended the deceased from **8-15-40**  
to **8-15-40** 19 **40**  
that I last saw him alive on **8-15-** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **4 1/2 hrs**  
Duration  
Due to **9/14/40**  
Due to \_\_\_\_\_  
Other conditions **Buerger's disease** **2 yrs**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **none performed**  
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?  
**9811**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **1**

23. Signature **W. E. Haudley M.D.** (M. D. or other) **W. E. H.**  
Address **Springfield Mo** Date signed **8-21-40**

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed M. J. Canaday

Licensed Embalmer No. 3424

P. O. Address Springfield, 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.**

X