

No. 2
-10-39
17-39
X21492

State File No. _____

Registration District No. 346

Primary Registration District No. 5484

Registrar's No. 1

1. PLACE OF DEATH: Harrison HARRISON
 (a) County Adair
 (b) City or town Hatfield Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether)
 In this community Adair years, months or days

2. USUAL RESIDENCE OF DECEASED: Harrison
 (a) State Mo. (b) County Adair
Hatfield
 (c) City or town Grant City Mo.
 (If outside city or town limits, write "RURAL.")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? USA years.

3. (a) PRINT FULL NAME AGNES WOOD
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 02
 year 1940 hour 10:00 minute 15 AM

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Scott Wood
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 11 1863
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10, 1940 to Sept. 5, 1940
 that I last saw her alive on Sept. 4, 1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death Mitral regurgitation of heart Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. _____ min. _____
 9. Birthplace Hatfield Mo.
 (City, town, or county) (State or foreign country)

Due to 92 W
 Due to _____

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name John Heaston
 13. Birthplace Adair Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Christine Hoover
 15. Birthplace Adair Mo.
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations none
 Of autopsy none
 Underline the cause to which death should be charged statistically.

16. (a) Informant Silas Skelton
 (b) Address Oregon, Mo.
 17. (a) Burial (b) Date thereof 9/7/1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln Center
 18. (a) Signature of funeral director A. C. Duffell
 (b) Address Grant City, Mo.
 19. (a) 9-7-1940 (b) Chas. Adair
 (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) NO
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in about home, on farm, in industrial place, in public place?
310 (Specify type of place) (2) Means of injury _____
 While at work?
 23. Signature B. F. Kase M.D. or other _____
 Address Grant City, Mo. Date signed 9-7-40

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

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. C. Dumble

Licensed Embalmer No. 3252

P. O. Address Grant City, 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, above space should be left blank.