

NOV 20 1940

Registration District No. **208**

Primary Registration District No. **3026**

1. PLACE OF DEATH:
 (a) County Livingston
 (b) City or town Chillicothe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1561 - Palk **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ✓ (Specify whether
 In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Livingston
 (c) City or town Chillicothe
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1561 - Palk
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Flora B. Harrell
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 21
 year 1940 hour 1:30 minute 17 M.
 21. I hereby certify that I attended the deceased from 10-6-40
 _____, 19____, to 10-20 _____, 1940;
 that I last saw her alive on 10-20 _____, 1940,
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Charles Harrell
 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased Jan. 17 - 1866
 (Month) (Day) (Year)

Immediate cause of death Myocardial failure
Coronary thrombosis
Pulmonary edema
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
74 - 9 + 4 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 94 1/2

9. Birthplace Chillicothe Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation at home
 11. Industry or business _____
MOTHER FATHER
 12. Name George Purcell
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Brunson
 15. Birthplace Nebraska
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Peggie Shannon
 (b) Address Atwood, Kans
 17. (a) Chillicothe (b) Date thereof Oct-23-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Pleasant, cem.
 18. (a) Signature of funeral director James Gordon
 (b) Address Chillicothe Mo.
 19. (a) Oct 21 40 (b) H. H. Hulse M.D.
 (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) _____
 (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?
94 1/2 (Specify type of place) _____ (e) Means of injury _____
 23. Signature S. H. Hanson (M. D. or other) W. O.
 Address Medville Mo. Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE 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.

FORM 5-17-39
REV. 5-17-39
U. S. G. P. 161951

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.....

Donald F. Gordon

Registered Apprentice No. *223*

working under my personal supervision.

Signed

James D. Gordon

Licensed Embalmer No. *1870*

P. O. Address

Lehighcothe 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.