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FILED FEB 14 1941

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 148

Primary Registration District No. 482

Registrar's No. 1

19
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Belton
(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 life
years, months or days

3. (a) PRINT FULL NAME FRANK S. HARRELSON

8. (b) If veteran, name war

8. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myrtle S. Harrelson

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 20 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	5	12	hr. _____ min.

9. Birthplace Cass Co. Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farm Operator

11. Industry or business _____

MOTHER FATHER

12. Name James Harrelson

13. Birthplace Jackson Co. Mo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Shelton

15. Birthplace West Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. S. Harrelson

(b) Address Belton, Mo.

17. (a) Burial (b) Date thereof Jan. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton, Mo.

18. (a) Signature of funeral director E. H. George & Sons

(b) Address Belton, Mo.

19. (a) 1-4-1941 (b) RE Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 17

(c) City or town Belton
(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 Jan. day 2
year 1941 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1938, 19 , to Jan 2, 1941;
that I last saw him alive on July 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration 1 week

Due to Malignant Hypertension 3 yrs

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? 141 (Specify type of place) (e) Means of injury 2

23. Signature Gettrude McKee M.D. or other OO
Address Belton, Mo. Date signed 1/4/41

7221

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. R. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 148

Primary Registration District No. 4082

Registrar's No.

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Belton
(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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Frank S. Havelson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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

20. DATE OF DEATH: Month Jan day 2 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

neptrosclerosis

malignant hypertension

Due to _____

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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature Gertrude McKenna or other _____

Address Belton _____ Date signed _____

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

