

ENTERED 15 1944
FILED JUL 15 1944

State File No. _____

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 33

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

1. PLACE OF DEATH: Cars
 (a) County Harrisonville
 (b) City or town Harrisonville
(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 10 yr.
years, months or days

3. (a) PRINT FULL NAME FANNIE R BLEVINS
 8. (b) If veteran, name war _____ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife F. D. Blevins 6. (c) Age of husband or wife if alive 15 years
 7. Birth date of deceased Sept 15 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 22 If less than one day _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

FATHER { 12. Name J. L. Harrison
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Hampton
 15. Birthplace Virginia
(City, town, or county) (State or foreign country)

MOTHER { 16. (a) Informant W. A. Harrison
 (b) Address Freeman Mo.

17. (a) burial (b) Date thereof 6-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Freeman Mo.

18. (a) Signature of funeral director BUNNENBURGER'S
 (b) Address HARRISONVILLE, MO.

19. (a) 6132141 (b) Backus
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Cass 19
 (c) City or town Harrisonville
(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.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 12
 year 1944 hour 11:20 minute P. M.
 21. I hereby certify that I attended the deceased from June 8, 1944, to June 12, 1944;
 that I last saw her alive on June 12, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Uræmic Coma
 Due to Hypertension & chronic nephritis
 Due to _____
 Other conditions 171
(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?
Yes
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature J. M. Scott (M. D. or other) _____
 Address Harrisonville, Mo. Date signed June 14 1944

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.....

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.