

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25555
Registrar's No. _____

REGISTRATION DISTRICT NO. 532

PRIMARY REGISTRATION DISTRICT NO. 5711

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural
(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 1 (Specify whether
In this community 68 years, months or days)

3. (a) PRINT FULL NAME Flourice Harrison

8. (b) If veteran, name war _____ 3. (c) Social Security No. 1

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

6. (b) Name of husband or wife Thomas Harrison 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 14 - 1882
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Nurse Keyer

11. Industry or business _____

12. Name Eliza Thomas Redmon

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

14. Maiden name Martin White

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

16. (a) Informant's own signature Mrs. Fred W. Cribb
(b) Address La Plata, Missouri

17. (a) Burial (b) Date thereof July 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manu, Texas

18. (a) Signature of funeral director J. Schuster
(b) Address La Plata, MO

19. (a) July 26 (b) Louise J. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison
(c) City or town Rural
(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 July day 24 year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 20 1941 to July 24 1941; that I last saw her alive on July 24 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dysentery - Duration 4 days

Due to _____

Due to g.c.

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

Major findings: Of operations _____

Of autopsy none

PHYSICIAN
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 _____ (Specify type of place) (e) Means of injury _____

23. Signature H.O. Newton (M. D. or other) _____
Address La Plata, MO Date signed 7/25/41

(Licensed Embalmer's Statement on Reverse Side)

WHILE FILING - 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.

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RECEIVED

District Health Officer No. 10

District File Number 8-41-1419

Date Filed AUG 6 1941

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.....

P. O. Address.....

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.