

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

Registration District No. 871

State File No. 45258428
Registrar's No. 10

1. PLACE OF DEATH:

(a) County VERNON

(b) City or town MEZZ
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County VERNON 108

(c) City or town MEZZ
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLIE HARROLD

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1941 hour 2:20 minute PM M.

21. I hereby certify that I attended the deceased from July 23 1941 to July 25 1941
that I last saw him alive on July 25 1941
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife ELIZA HARROLD

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased MAY 12 1862
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis

8. AGE: Years 79 Months 2 Days 13
If less than one day hr. _____ min. _____

Due to Hypertension
Atherosclerosis

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

Due to _____

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

10. Usual occupation CARPENTER

11. Industry or business _____

MOTHER FATHER

12. Name JOHN CARVER HARROLD

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

14. Maiden name MARY ELIZABETH HARRIS

15. Birthplace UNKNOWN
(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 ELIZA Harrold

22. If death was due to external causes, fill in the following:

(b) Address MEZZ MO

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof JULY 27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Lorraine Cemetery

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Paul B. Hill

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 7-27-41

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

19. (a) 7-27-41 (b) Thelma Wilson
(Date received local registrar) (Registrar's signature)

23. Signature Paul B. Hill (M. D. or other) MD

Address Rich Hill, Mo Date signed 7/26/41

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1308

Date Filed 8-13-41

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.

John G. Anderson

Licensed Embalmer No. 3585

P. O. Address. Butler, Pa.

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, fact should be so stated above.