

FILLED OCT 28 1941

Registration District No. 784 Primary Registration District No. 200

Registrar's No. 2084

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2663 Terrace Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Florence Isabelle Harrison

3. (b) If veteran, name war. No. _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William J. 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb. 8 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Goolsby

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

14. Maiden name Elizabeth Moore

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

16. (a) Informant Dorothy Phegley

(b) Address 2663 Terrace Lane

17. (a) Removal (b) Date thereof 10/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesboro, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 13 1941 (b) J. M. Carr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 2663 Terrace Lane
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th
year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 15th 1940 to Oct. 10th 1941
that I last saw her alive on Oct. 10th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus. Duration 1 year

Due to _____

Due to 48 hr

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

Major findings: no

Of operations _____
Of autopsy none made

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? _____

(Specify type of place) _____
While at work _____ (e) Means of injury 0

23. Signature Joseph Davis (M. D. or Other) _____

Address 653 Century Bldg Date signed 10-11-41

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

MOTHER FATHER

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.....

Robert H. Kappeler

Licensed Embalmer No. *1861*

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, fact should be so stated above.