

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41304

State File No.

Registration District No. 45

Primary Registration District No. 5068

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton
(b) City or town (Rural) Doylesport Twp
(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 21 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME William Harrison

3. (b) If veteran, name war _____ 3. (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 Dora Harrison 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 22nd, 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Harrison
13. Birthplace England ✓
(City, town, or county) (State or foreign country)
14. Maiden name Esther Elliott
15. Birthplace England ✓
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dora Harrison
(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 12-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moorehead Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) 12-12-42 (b) Elmer L. Thomas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th
year 1941 hour 10 minute A.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 Coronary Occlusion Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 94 a

Major findings: Of operations _____

Of autopsy _____

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 3

23. Signature Raymond L. River (M.D.) of Barton Co.
Address Lamar, Mo. Date signed 12/11/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

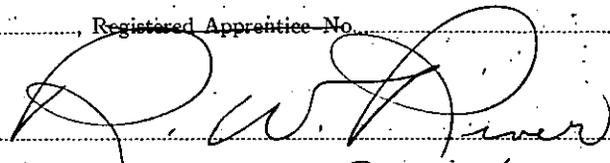
District File Number 142-90

Date Filed JAN 12 1942

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. 3141

P. O. Address Lamar 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, fact should be so stated above.

Small X mark 44-51-51