

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1942

Registration District No. 347

Primary Registration District No. 5490

WRITE PLAINLY—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.

1. PLACE OF DEATH:

(a) County: HENRY

(b) City or town: COUNTY HOME

(c) Name of hospital or institution: Fields Creek COUNTY HOME (Farm) Twp.

(d) Length of stay: In hospital or institution: NO

In this community: 57 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO

(b) County: HENRY

(c) City or town: CLINTON

(d) Street No.: County Home

(e) If foreign born, how long in U. S. A.?: _____ years.

8. (a) PRINT FULL NAME: JOHN (JACK) HARRISON

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 28 - 42
year _____ hour _____ minute _____ M.

4. Sex: M (1) Color or race: W.

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife: NONE

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

7. Birth date of deceased: unknown

21. I hereby certify that I attended the deceased from 1-23-42 to 1-28-42

that I last saw him alive on 1-28-42 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>ABOUT 57</u>			hr. _____ min. _____

Immediate cause of death: Wrenia

Due to: Don't know cause

9. Birthplace: _____

10. Usual occupation: Laborer

Other conditions: _____

Due to: _____

11. Industry or business: HENRY Co. NEAR CLINTON

12. Name: JOSEPH HARRISON

13. Birthplace: UNKNOWN

14. Maiden name: UNKNOWN

15. Birthplace: UNKNOWN

Major findings: no operation

Of autopsy: none

16. (a) Informant's own signature: Walter Muffee

(b) Address: Clinton Mo.

17. (a) Burial (b) Date thereof: Feb 29 42

(c) Place: burial or cremation: Englewood

18. (a) Signature of funeral director: H. D. Vassant

(b) Address: Clinton Mo.

19. (a) Jan 29 1942 (b) Benaja Kitchen

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?: _____

(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: 9

23. Signature: J. P. Humphreys (M. D. or other)

Address: Clinton Mo. Date signed: 1-29-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-42-53

Date Filed 2-10-42

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~~.....

H. J. Vansant....., Registered Apprentice No.
working under my personal supervision.

Signed H. J. Vansant.....

Licensed Embalmer No. 3779.....

P. O. Address Clinton, 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, above space should be left blank.

Registration District No. 347

Primary Registration District No. 5496

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Russell
(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 years, months or days)

3. (a) PRINT FULL NAME John J. Harrison

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased unk.
(Month) (Day) (Year)

8. AGE: Years 57 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1952 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
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 _____

Duration _____

Due to Leukemia
of following character
nephrotic in my judgment
Due to _____

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

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

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

23. Signature J. R. Hampton (M. D. or other) _____
Address Clinton Mo Date signed _____

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

SUPPLEMENTARY

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text notes that without clear documentation, it becomes difficult to track expenses, revenues, and other critical data points.

2. The second section addresses the challenges associated with data collection and analysis. It highlights that while modern technology offers powerful tools for data processing, the sheer volume and complexity of information can be overwhelming. The document suggests that organizations should invest in training and resources to ensure that their staff is equipped to handle and interpret the data effectively.

3. The third part of the document focuses on the role of leadership in driving organizational success. It argues that strong leaders are those who can inspire their teams, set clear goals, and make strategic decisions. The text provides examples of successful leaders and discusses the qualities that contribute to their effectiveness, such as communication skills, decision-making ability, and a focus on long-term vision.

4. The final section discusses the importance of innovation and continuous improvement. It notes that in a rapidly changing world, organizations must be able to adapt and evolve. This requires a culture of innovation where employees are encouraged to think creatively and propose new ideas. The document also emphasizes the need for regular evaluation and feedback to ensure that the organization is always moving forward and improving its performance.