DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 347

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2358

Primary Registration District No. 5490

Registrar's No.

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town COUNTY HOME
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fields Creek COUNTY HOME (Farm) Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 57 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County HENRY
(c) City or town CLINTON
(If outside city or town limits, write "RURAL")
(d) Street No. County Home
(If rural, give location)
(e) If foreign born, how long in U. S.?.....years.

3. (a) PRINT FULL NAME JOHN (JACK) HARRISON
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex M
5. 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
(Month) (Day) (Year)
8. AGE: Years About 57 Months Days If less than one day ..... hr. ..... min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business HENRY Co. NEAR CLINTON
FATHER 12. Name JOSEPH HARRISON
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Walter Menefee
(b) Address Clinton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood
18. (a) Signature of funeral director H. L. Vansant
(b) Address Clinton Mo.
19. (a) Jan. 29, 42 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature) G.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 28-42
year hour minute M.
21. I hereby certify that I attended the deceased from 1-23-42, 19..., to 1-28-, 19.42
that I last saw h alive on 1-28-, 19.42
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia	Duration
Due to Don't Know Cause	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no Operation
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 J. B. Hamilton (M. D. or other)
Address Clinton Mo Date signed 1-29-42

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-1-39 Form 1 x19311

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~~ N. L. Vansant, Registered Apprentice No. ....., working under my personal supervision.

Signed N. L. 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.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2358

Registration District No. 347 Primary Registration District No. 5496 Registrar's No.

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Rural
(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)
In this community

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

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: S
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 hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 28 year 1942 hour minute 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 — Duration
Uremia
Due to: Following Chronic nephritis of is my judgment
Due to:
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 131 b
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? (Specify type of place)
While at work? (c) Means of injury

23. Signature: J. R. Hamilton (M. D. or other)
Address: Pleasant Hill Date signed

SUPPLEMENTARY