

FILED FEB 20 1942

Registration District No. 582

Primary Registration District No. 4344

Registrar's No. 4

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mill St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME ELIZA HARRISON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 year 1942 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept. 1940 to Jan. 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Epileptic Coma Duration 4 days

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Levi Harrison 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased. OCT. 9, 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business ✓

12. Name Louise Patton

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

14. Maiden name M. K. (City, town or county) (State or foreign country)

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

16. (a) Informant Shelley Harrison

(b) Address Paris Mo.

17. (a) burial (b) Date thereof 7-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette Mo.

18. (a) Signature of funeral director Speed & Slakey

(b) Address Paris Mo.

19. (a) 1-23-42. (b) W. C. Beacon
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 1/5

Major findings: Of operations _____

Of autopsy _____

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. A. Barnett (M. D. or other) MD

Address Paris Mo. Date signed 1-23-42.

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

920

RECEIVED

District Health Officer No. 10

District File Number 2-42-311

Date Filed FEB 19 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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.