

FILED MAR 17 1942
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Frisco Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Crawford
(c) City or town Pittsburg
(If outside city or town limits, write "RURAL")
(d) Street No. 204 N. Miles
(If rural, give location) 2
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Floyd E Harrison

3. (b) If veteran, name war none 3. (c) Social Security No. 702-07-0676

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

6. (b) Name of husband or wife Thelma Harrison 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased October 1 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 4 14 hr. min.

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

10. Usual occupation Yard Clerk

11. Industry or business Frisco R.R.

MOTHER FATHER { 12. Name William Harrison

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

14. Maiden name Mary C Barnes

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

16. (a) Informant Mrs Thelma Harrison

(b) Address 204 N. Miles Pittsburg, Kan.

17. (a) Removal (b) Date thereof 2/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kansas

18. (a) Signature of funeral director James Rappaport

(b) Address 31 Kirkwood, Mo

19. (a) FEB 16 1942 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15th
year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 11
1941 to Feb 15, 1942
that I last saw him alive on Feb 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lining c. metastasis Duration 4 mos.

Due to _____

Due to _____

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

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) (a) Means of injury _____

23. Signature Just H. Gully, M.D. (M.D. or other) _____

Address 4960 Euclid Date signed 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.....

Louis H Bopp

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H Bopp

Licensed Embalmer No.....

921

P. O. Address.....

Wickwood 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.

STANDARD CERTIFICATE OF DEATH

State File No. 4427
Registrar's No. _____

State of Mo

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Frisco Hosp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Crawford
(c) City or town Pittsburg
(If outside city or town limits, write RURAL)
(d) Street No. 204 N. Miles
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Floyd C. Harrison
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. 762-07-0070

20. Date of death: Month Dec day 15 year 1942 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Helma
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Oct 1 - 1893
(Month) (Day) (Year)

22. I last saw h_____ alive on _____ 19____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 46 Months 4 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or country) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____
(City, town, or country) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or country) (State or foreign country)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant's own signature _____
(b) Address _____
17. (a) _____
(Burial, cremation, or removal) (b) Date thereof _____
(Month) (Day) (Year)
(c) Place; burial or cremation _____

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? _____

18. (a) Signature of funeral director _____
(b) Address _____

(e) Means of injury _____
(Specify type of place)
23. Signature _____
Address _____

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

(M. D. or other) _____
Date signed M.D.

