

FILED MAR 19 1942  
Registration District No. 18424

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: Callaway Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)

In this community 23 Years

3. (a) PRINT FULL NAME WALTER NIXON HARRISON

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Hazel Pearl 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 14 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>11</u>	<u>11</u>	.....hr. ....min.

9. Birthplace Cole County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer-Laborer

11. Industry or business Farming

12. Name John C. Harrison

13. Birthplace Cole County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Calliedona Jones

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

16. (a) Informant Clark Harrison

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof 2/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Central Church Cemetery

18. (a) Signature of funeral director Lee G. Wallace

(b) Address Fulton, Missouri

19. (a) 2-27-42 (b) Joie Morankhoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural --- XXXX Rt., 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 1/2 Mile West of Fulton  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25<sup>th</sup>  
year 1942 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from 2/22nd 1942 to 2/25th 1942  
that I last saw him alive on 2/25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Due to Cerebral Hemorrhage

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 107  
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 George F. Wood (M. D. or other) MD  
Address Fulton Date signed 2/27/42

Duration 3 days  
8 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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. ....

P. O. Address.....

**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.**