

APR 24 1942

Primary Registration District No. 3026

Registrar's No. 42

1. PLACE OF DEATH:

(e) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 46 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 059
(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 818 Calhoun St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXX 0

3. (a) PRINT ALTA LEE
FULL NAME Harrison
3. (b) If veteran, name war XXXX
3. (c) Social Security No. XXXX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1
year 1942 hour 1 minute PM M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Homer Harrison
6. (c) Age of husband or wife if alive XXXX years

21. I hereby certify that I attended the deceased from March 30
April 1 1942 to April 1 1942
that I last saw her alive on April 1 1942
and that death occurred on the date and hour stated above

7. Birth date of deceased April 28 1895
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
46 11 3 XX hr. XX min.

Immediate cause of death Heart-Thrombosis Duration 6 mo
from Cancer of uterus
following exploratory operation
Due to exploratory 48 hr

9. Birthplace Livingston Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business XXXX

Other conditions March 30-1942
(Include pregnancy within 3 months of death)
Major findings: Cancer of uterus
Of operations left breast lig & ovary
also into mesentery

MOTHER FATHER { 12. Name Dave M. Corbin
13. Birthplace Unknown Va.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Edwards
15. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

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? _____
(Specify type of place) (e) Means of injury _____

16. (a) Informant Gertie Wilson
(b) Address Chillicothe, Mo.
17. (a) Burial (b) Date thereof 4/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

23. Signature P. B. Brennan (M. D. or other) _____
Address Chillicothe, Mo. Date signed 4/3/42

18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe, Mo.
19. (a) APR 3 (b) Loe ELLA Curry
(Date received local registrar) (Registrar's signature)

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

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MOTHER FATHER

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.....

James D. Gordon

Licensed Embalmer No. *1870*

P. O. Address.....

Lehillicock, Md.

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.