

Registration District No. 693

Primary Registration District No. 4415

Registrar's No. 10

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

1. PLACE OF DEATH: PLATTE EDGERTON  
 (a) County PLATTE  
 (b) City or town EDGERTON  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 year  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County PLATTE  
 (c) City or town EDGERTON  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME ADELAIDE HARRISON  
 3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 31 year 1942 hour 2 PM minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from May 20 1942 to May 31 1942  
 that I last saw him alive on May 30 1942  
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife ROBERT M. HARRISON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased FEB. 8 1860  
 (Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>23</u>	_____ hr. _____ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 93d

9. Birthplace Clinton Co. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER  
 11. Industry or business HOME

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name ELIAS HORD  
 13. Birthplace KENTUCKY  
 (City, town, or county) (State or foreign country)

14. Maiden name AMELIA T. ALLEN  
 15. Birthplace KENTUCKY  
 (City, town, or county) (State or foreign country)

16. (a) Informant MISS MARGARET LOTT  
 (b) Address EDGERTON, MO.

17. (a) BURIAL (b) Date thereof JUNE 1-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation GRAYSON CEMETERY

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 Walter R. Nash  
 (b) Address Edgerton, Mo.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

19. (a) June 1, 1942 (b) Mrs. Clay Riffe  
 (Date received local registrar) (Registrar's signature)

23. Signature J. F. Rupp (M. D. or other) \_\_\_\_\_  
 Address Edgerton, Mo. Date signed 6-7-42

**RECEIVED**

District Health Officer No. Platte  
District File Number 7-42-55  
Date Filed 7-7-47

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**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 Vivian Collins Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton 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.**