S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

FILED AUG 12 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25406

State File No. ____

Registration District No. 796 | Primary Registration District No. 3058 | Registrar's No. 12

97/2

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 217 North Adams (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Marshall (If outside city or town limits, write "RURAL")
(d) Street No.: 217 North Adams (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME: HATTIE F. HARRISON
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: J. B. McClellan Harrison
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: October (Month) 17 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
76	9	2	____ hr. ____ min.

9. Birthplace: Illinois (City, town, or county) See (State or foreign country)
10. Usual occupation: Home Wife
11. Industry or business: ✓
12. Name (Father): Leonard J. Abney
13. Birthplace (Father): Illinois (City, town, or county) Iowa (State or foreign country)
14. Maiden name (Mother): Emmeline Perry
15. Birthplace (Mother): Illinois (City, town, or county) See (State or foreign country)
16. (a) Informant: Mrs Florence Berry
(b) Address: Sweet Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 20 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Park Cem
18. (a) Signature of funeral director: Campbell Funeral Home
(b) Address: Marshall Mo
19. (a) 7-21-1942 (Date received local registrar) (b) Mrs T. O. Weatherbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1942 hour 2 minute P M.
21. I hereby certify that I attended the deceased from July 10 1941 to July 19 1942 that I last saw him alive on July 18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration 10 mo.
Due to: with Hemiplegia
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 830
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

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)
While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other)
Address: Marshall Date signed: 7/20/42

1012 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number .....

Date Filed 8-11-42

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~~ .....

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

working under my personal supervision.

Signed Jas H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.