

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton Mo  
(c) Name of hospital or institution Samuel (606 N. Main St)  
(d) Length of stay: In hospital or institution Life  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton Mo  
(d) Street No. 606 N. Main St  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th year 1942 hour 6-15 minutes P.M.  
21. I hereby certify that I attended the deceased from 10-8-42 to 10-19-1942  
that I last saw him alive on 10-19-1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary atherosclerosis of plaque 271

Due to ...  
Due to ...  
Other conditions: 554  
Major findings: Of operations  
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? ...  
(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: J. S. Walker (M. D. or other) M.D.  
Address: Clinton Mo Date signed 10-20-42

3. (a) PRINT FULL NAME ISABELLE HARRIS

3. (b) If veteran, name war.  3. (c) Social Security No.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Divorced  
6. (b) Name of husband or wife Fred Harris 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased Sept 1 1870

8. AGE: Years 72 Months 1 Days 19 hr. min.

9. Birthplace Clinton Mo

10. Usual occupation House wife

11. Industry or business

12. Name James Massingille  
13. Birthplace Independence Mo  
14. Maiden name Sallie Bronaugh  
15. Birthplace Clinton Mo

16. (a) Informant Fred Harris (b) Address Clinton Mo

17. (a) Burial (b) Date thereof Oct 23-42  
(c) Place: burial or cremation Clinton Cemetery Col.

18. (a) Signature of funeral director Spore & Lohr (b) Address Clinton Mo

19. (a) Oct. 22, 1942 Georgia Ritchey (b) Date received local registrar (c) Registrar's signature G. X

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

MOTHER FATHER

42  
1  
2

RECEIVED

District Health Officer No. 7,

District File No. 11-42-1176

Date Filed 11-6-42

**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 me

....., Registered Apprentice No. 3954  
working under my personal supervision.

Signed Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Clinton 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.