

S. No. 2  
9-4-41  
5-17-39  
X29-184

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34003

FILED NOV 10 1942

State File No. ....

Registration District No. 408-157

Primary Registration District No. 42-4-9 4248

Registrar's No. 228

1. PLACE OF DEATH:

(a) County. Jasper

(b) City or town. Savoy  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether)

In this community. 14 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Jasper

(c) City or town. Savoy  
(If outside city or town limits, write "RURAL")

(d) Street No. no.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME. Rachel Ann Harrison

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27  
year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6-27-1942 to 10-27-1942  
that I last saw h. ex. alive on 10-27-1942  
and that death occurred on the date and hour stated above.

4. Sex. Fe 5. Color or race. W

6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Daniel W. Harrison

6. (c) Age of husband or wife if alive. 65 years

7. Birth date of deceased. Sept 24 1873  
(Month) (Day) (Year)

Immediate cause of death. Cancer of Liver.

Duration 1 year.

8. AGE: Years 69 Months 1 Days 3  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) H6

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Charles Howe

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo. O

14. Maiden name Jesse Harrison

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo. O

16. (a) Informant. Mrs Ruth Hagg

(b) Address. Savoy Mo.

17. (a) Burial (b) Date thereof. Oct 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Savoy Cem.

18. (a) Signature of funeral director. Howest & Hurley

(b) Address. Savoy Mo.

19. (a) Oct. 29 42 (b) E. Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (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 J. B. York (M. D. or other) \_\_\_\_\_

Address Savoy Mo. Date signed 11-29-42

1253 (Licensed Embalmer's Statement on Reverse Side)

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

49  
0  
0

42-10-884

---

---

**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.....

*Max L. Fossett*

Licensed Embalmer No.....

*4252*

P. O. Address.....

*Laroux, 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.**