. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

Registration District No. 251

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41462

Primary Registration District No. 3048

Registrar's No. 184

74
1
2

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 weeks (Specify whether years, months or days)
In this community: 6 weeks

2. USUAL RESIDENCE OF DECEASED: 14
(a) State: Missouri (b) County: Nodaway 0
(c) City or town: Clearmont 0
(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: 0

3. (a) PRINT FULL NAME: Agnes Ella Harrison
3. (b) If veteran, name war:
3. (c) Social Security No.: no
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: W. E. Harrison
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: Oct. (Month) 24 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
48	1	17	hr. min.

9. Birthplace: Clearmont (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
MOTHER FATHER
12. Name: Amasa Garrett
13. Birthplace: Buda (City, town, or county) Ill (State or foreign country)
14. Maiden name: Jessie Olive McClaskey
15. Birthplace: Maryville (City, town, or county) Kansas (State or foreign country)
16. (a) Informant: Hubert Garrett 816 N. Main
(b) Address: Maryville Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Dec 13 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Clearmont Cemetery
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville Mo
19. (a) 12-12-42 (Date received local registrar) (b) Mary Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 12 year: 1942 hour: 9 minute: A M.
21. I hereby certify that I attended the deceased from July, 1942 to Dec 11, 1942 that I last saw her alive on Dec 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignant Tumor of Uterus	2 yrs
Due to: —	
Due to: —	
Other conditions (Include pregnancy within 3 months of death)	

48 b

Major findings:
Of operations: Malignant Tumor of Uterus with metastases in omentum
Of autopsy: and peritoneum

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: 0
23. Signature: J. A. Blesse (M. D. or ~~other~~)
Address: Maryville Mo Date signed: 12-12-42

1268 (Licensed Embalmer's Statement on Reverse Side)

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 Clem M Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.